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Kishi

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(54) **OPERATION SUPPORT DEVICE AND ASSEMBLY METHOD THEREOF**

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See application file for complete search history.

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ABSTRACT

(51) **Int. Cl.**

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An operation support device having a surgical instrument unit and a surgical instrument unit support section, includes: an intermediate member connected to the surgical instrument support section and configured to hold the surgical instrument unit; a shielding member having a hole portion engaged with the intermediate member; and a driving force supply unit installed at the surgical instrument support section. A first space and a second space are formed by an assembly constituted by the shielding member and the intermediate member engaged with the hole portion as a boundary. The intermediate member is connected to the surgical instrument support section at a side of the first space, and holds the surgical instrument unit at a side of the second space. The driving force supply unit and the surgical instrument support section are disposed in the first space.

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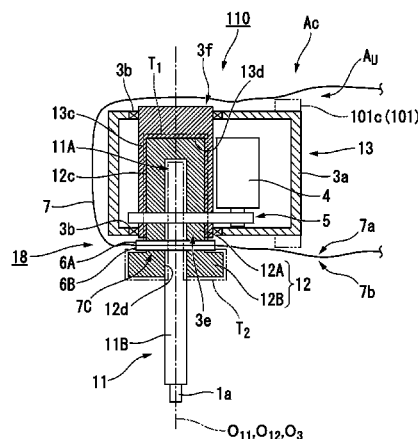
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(58) **Field of Classification Search**

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12 Claims, 27 Drawing Sheets



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	(2016.02); <i>B25J 13/02</i> (2013.01); <i>A61B</i>				
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FIG. 1

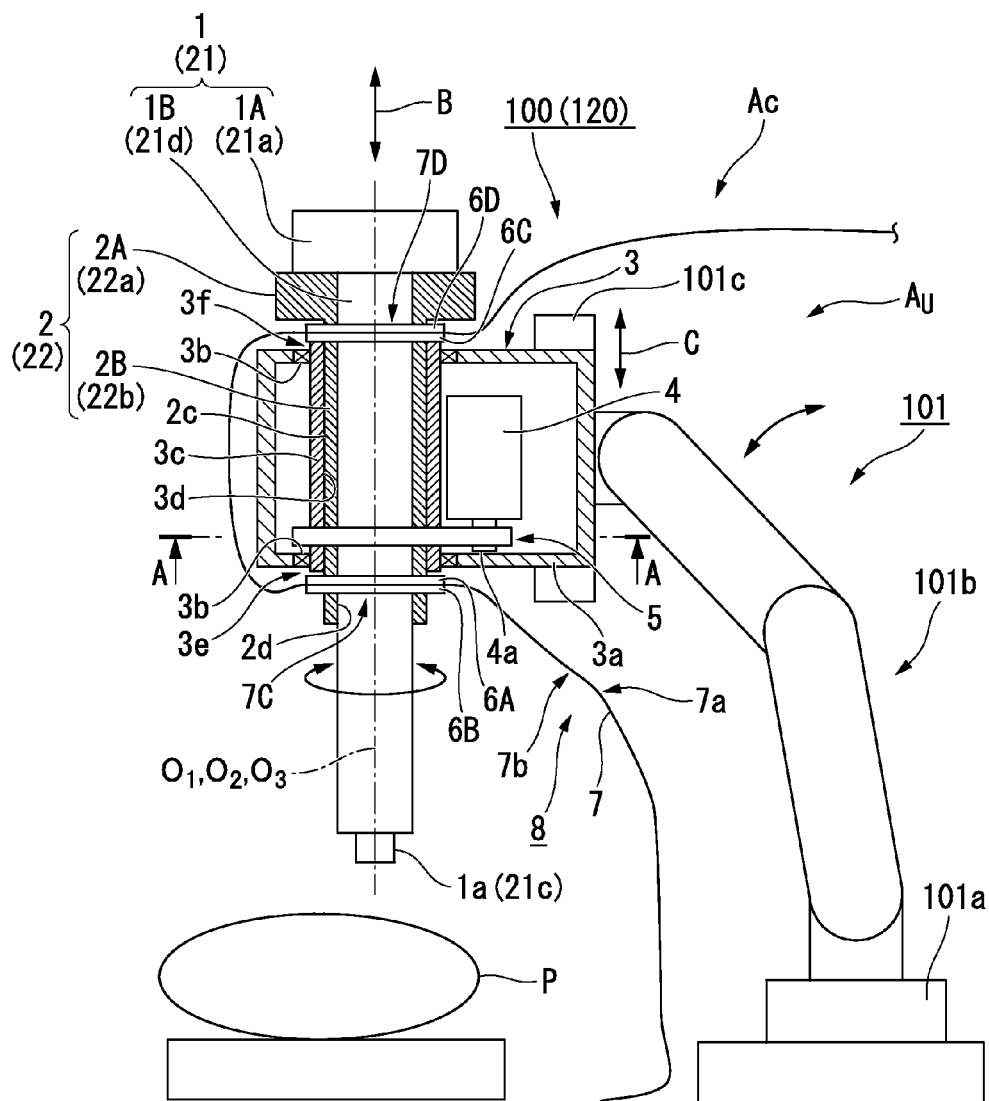


FIG. 2

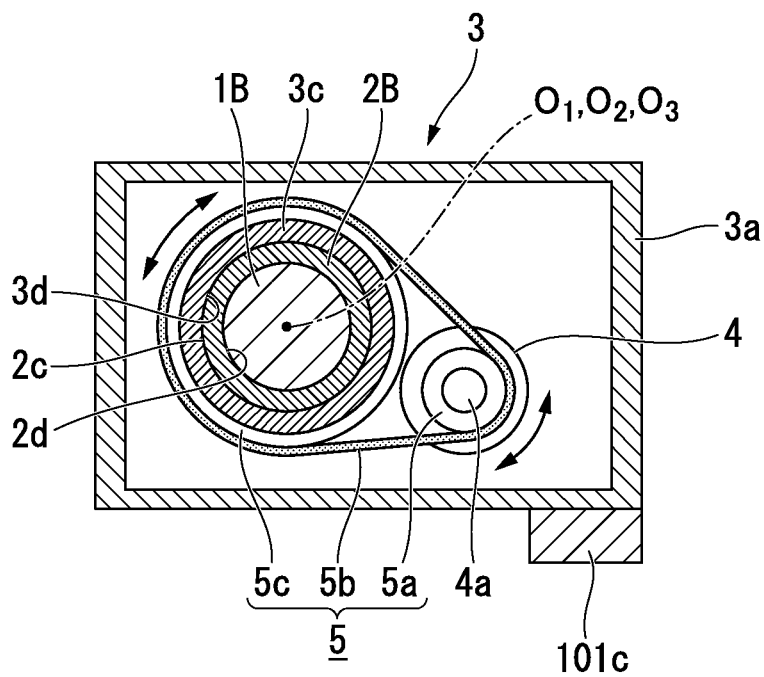


FIG. 3

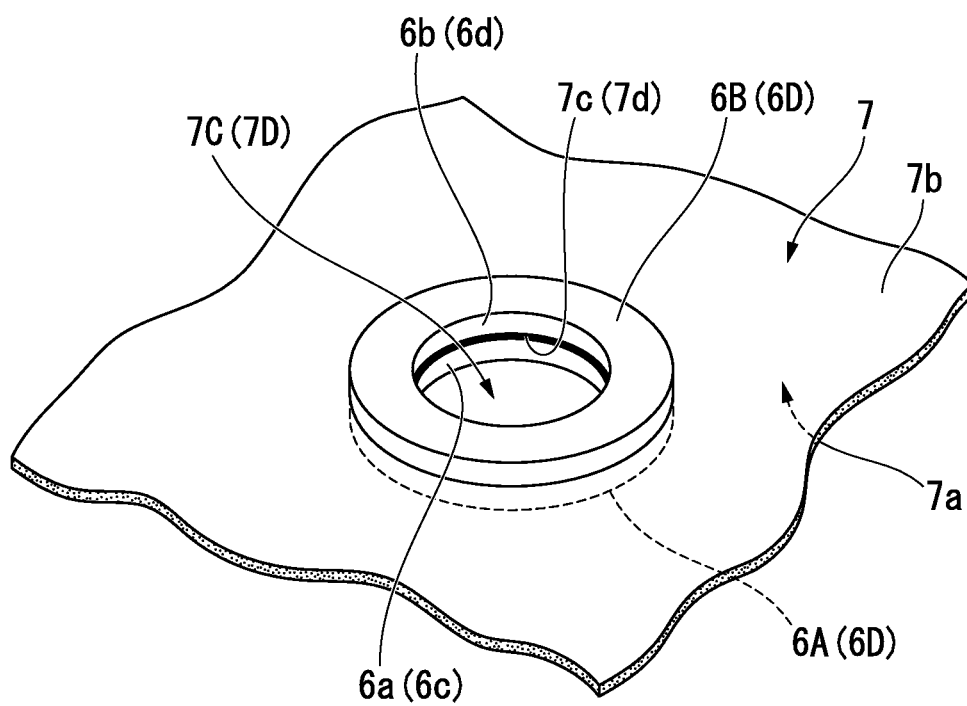


FIG. 4A

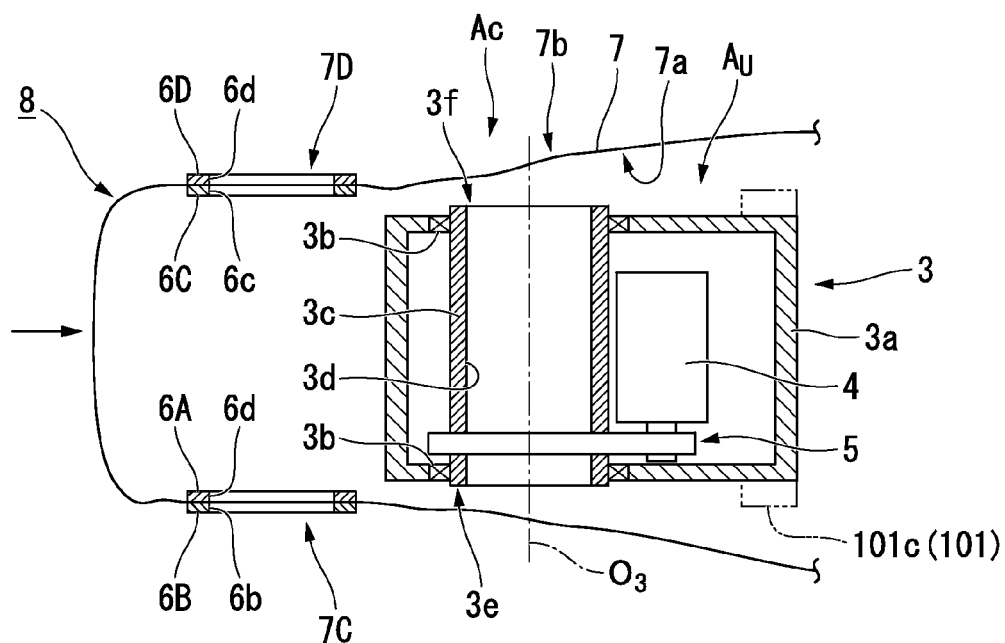


FIG. 4B

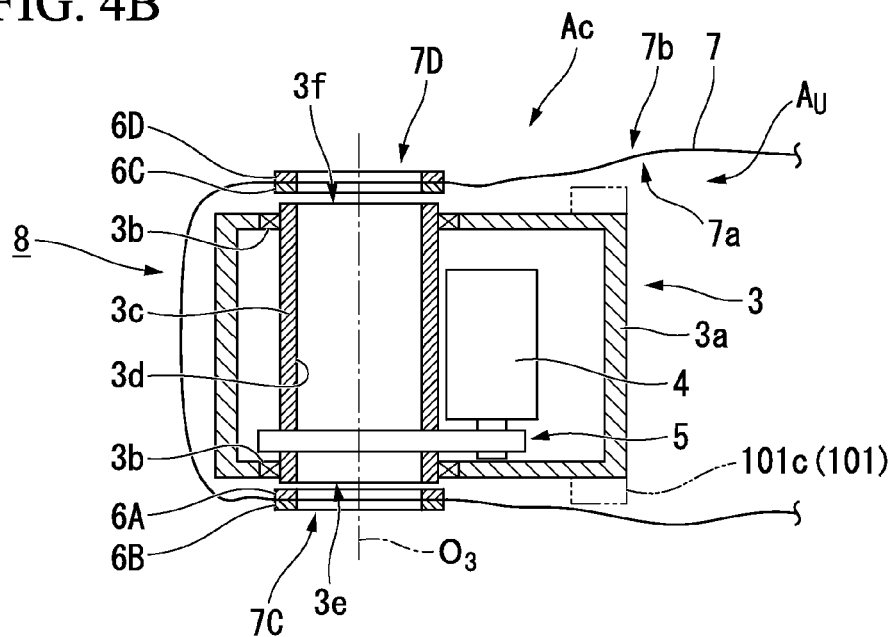


FIG. 6

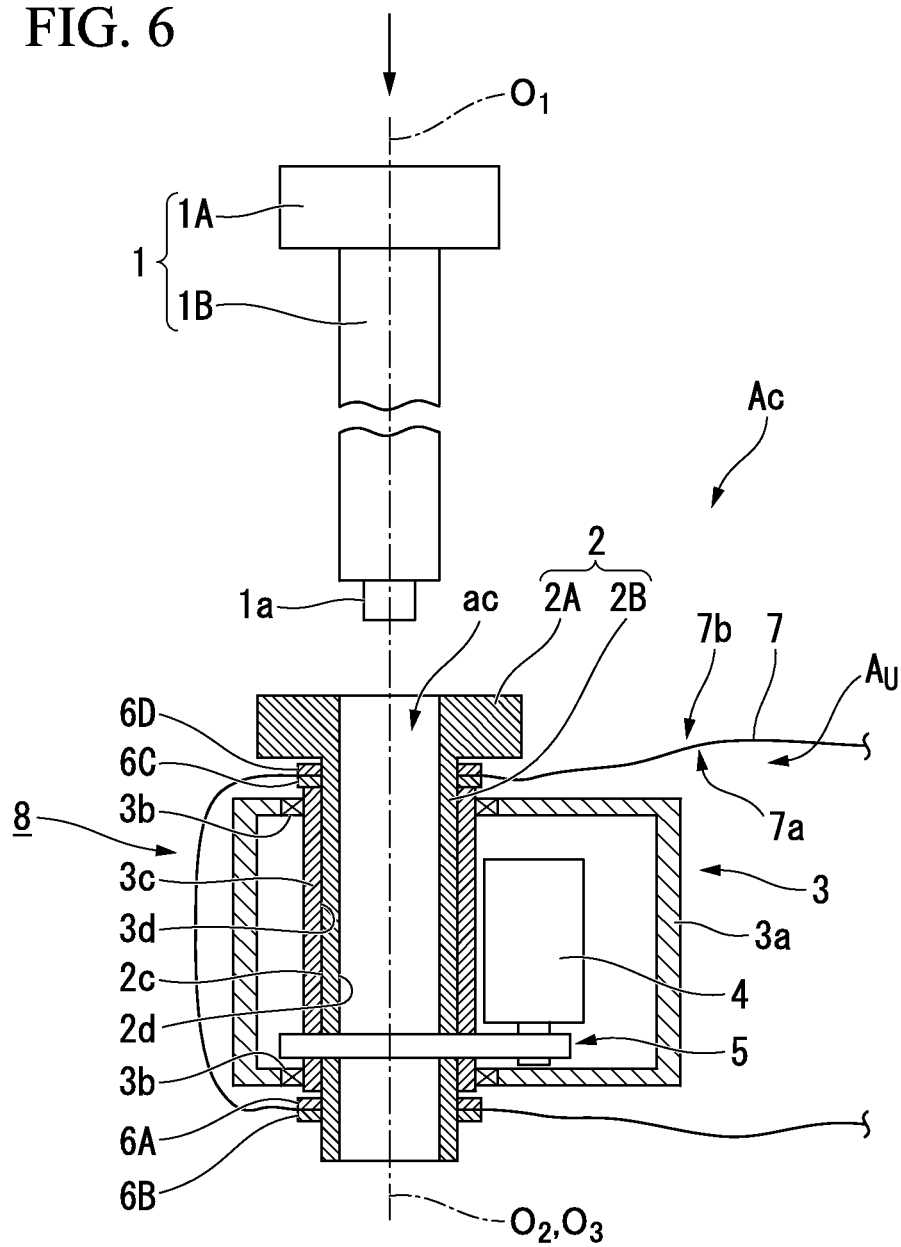


FIG. 7

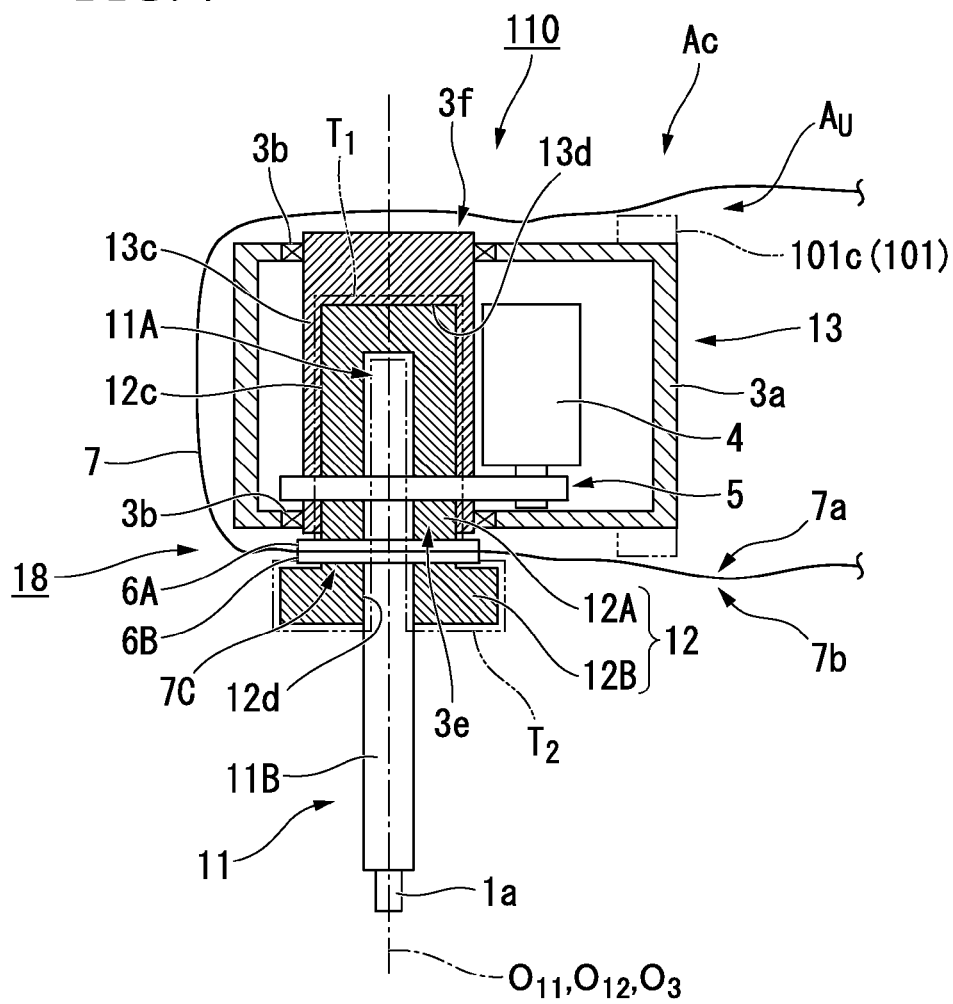


FIG. 8

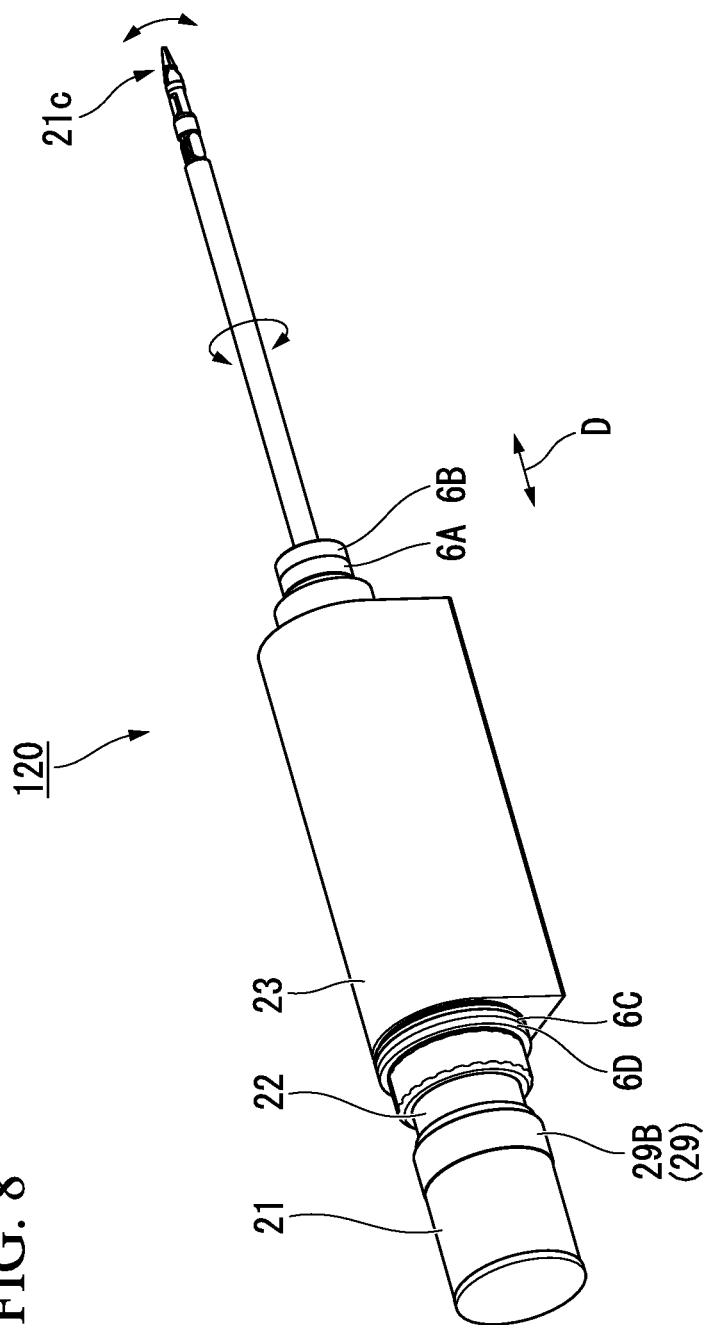


FIG. 9

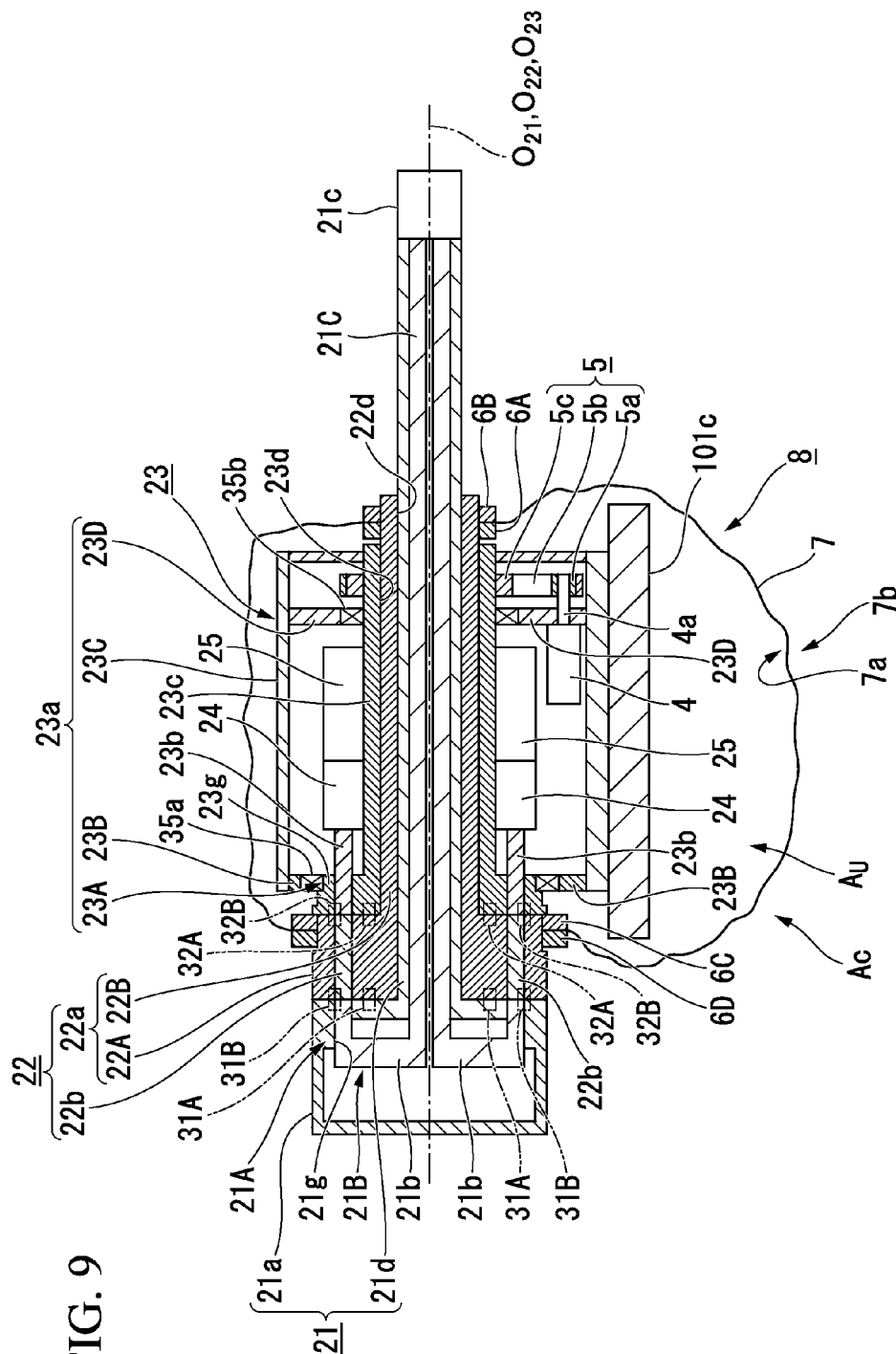


FIG. 10

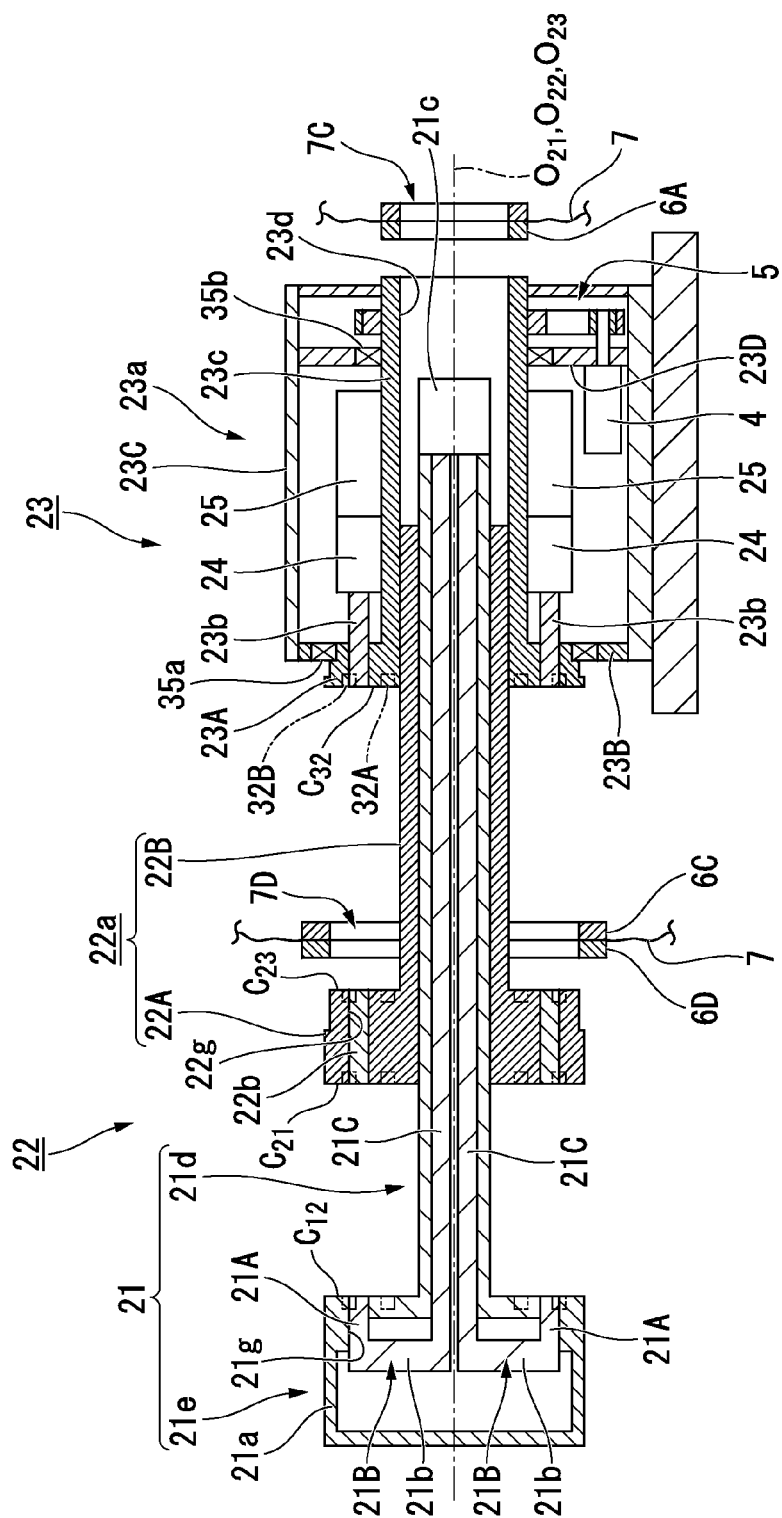


FIG. 11

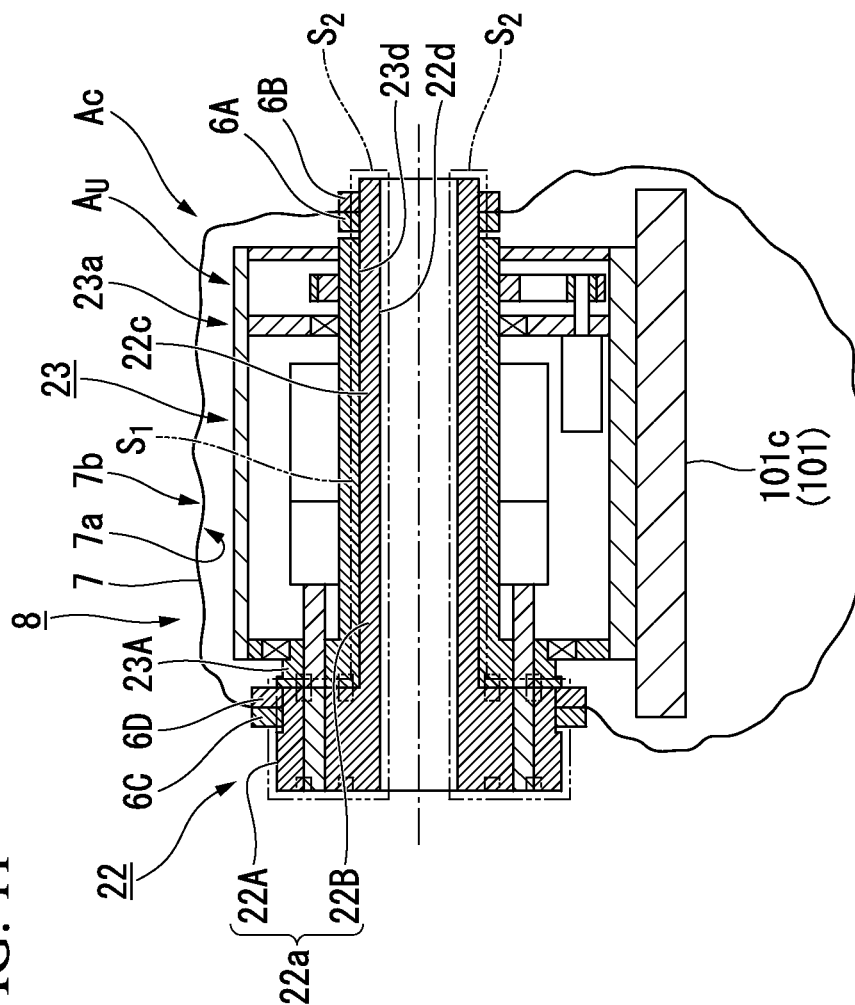
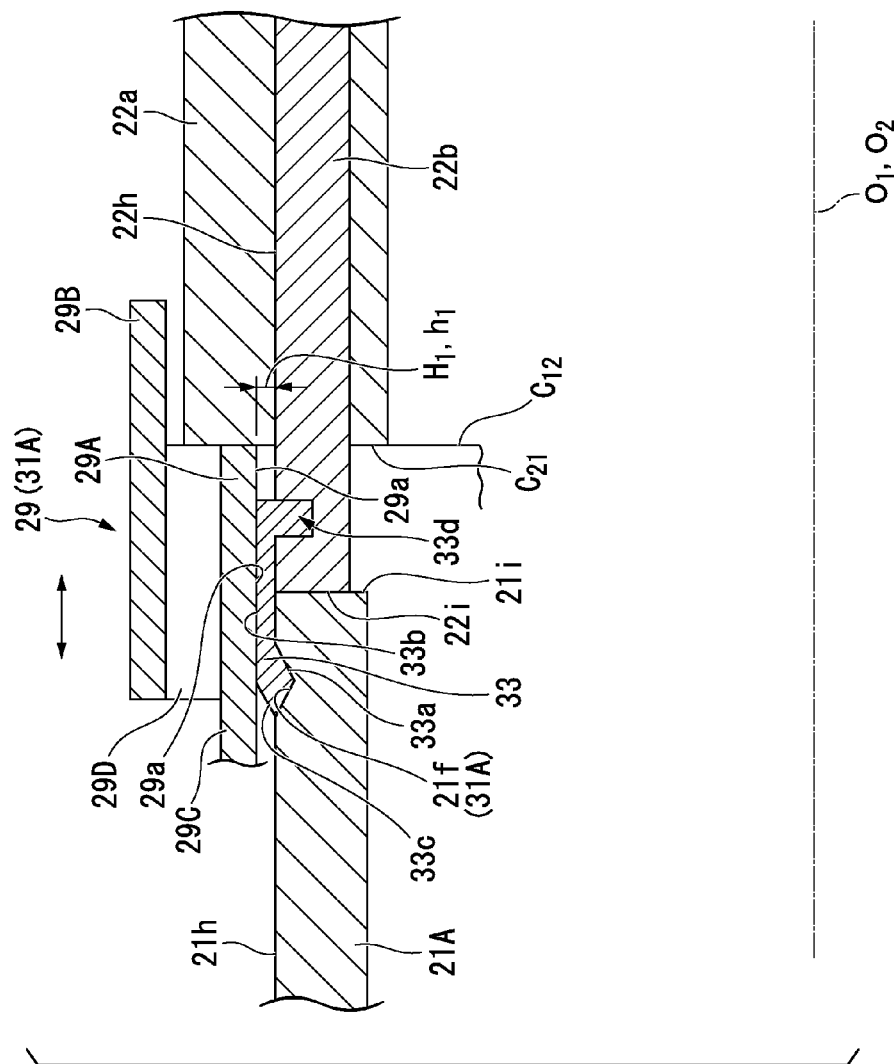


FIG. 13



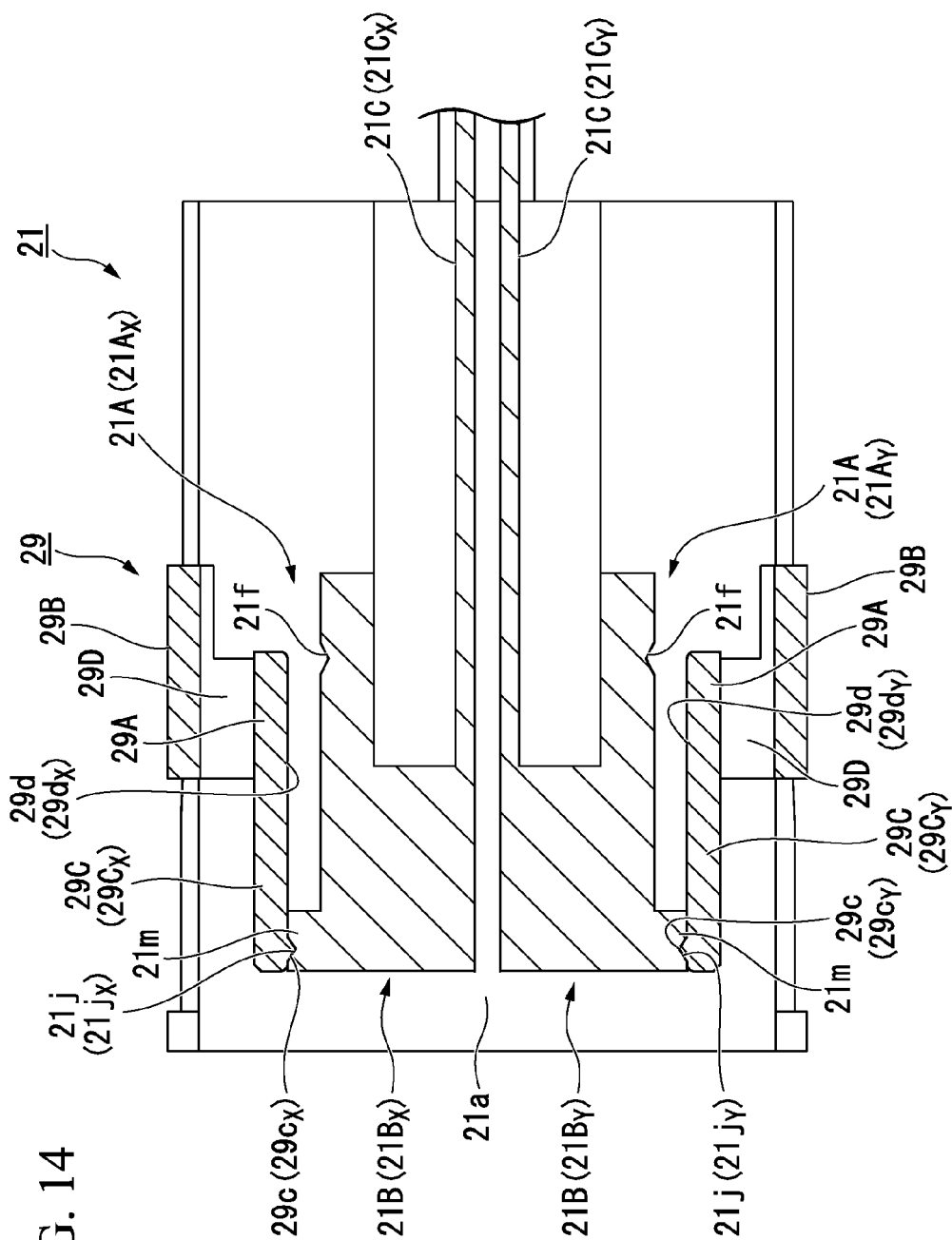


FIG. 14

FIG. 15A

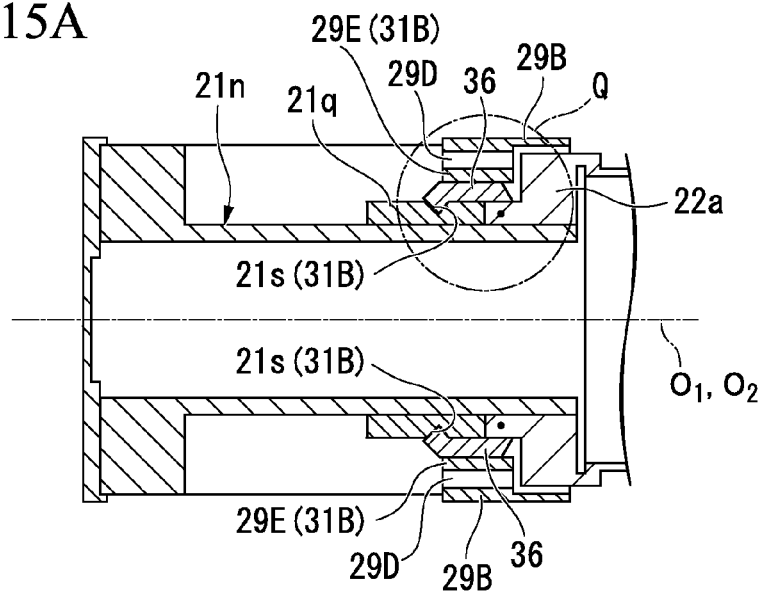


FIG. 15B

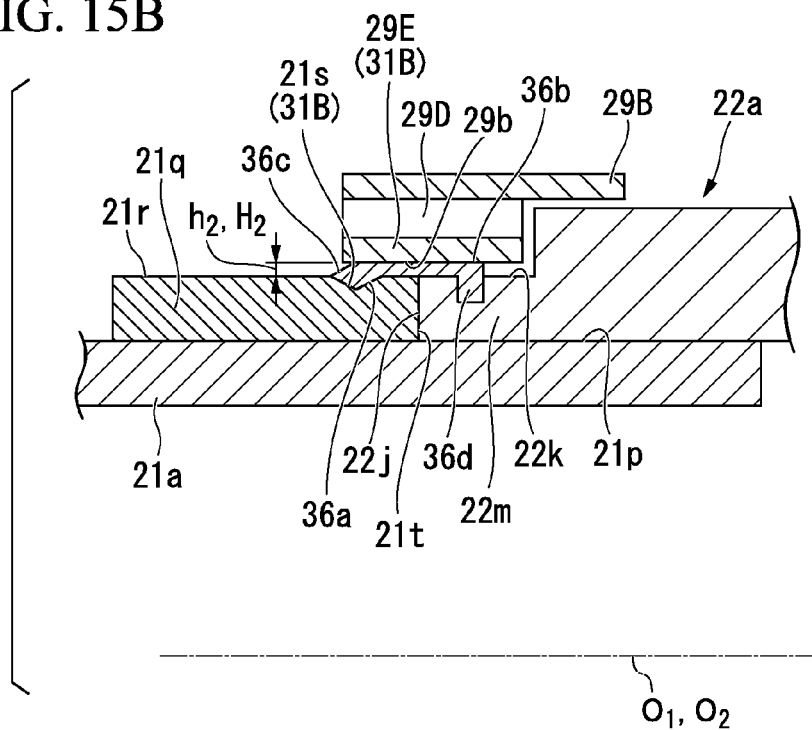


FIG. 16A

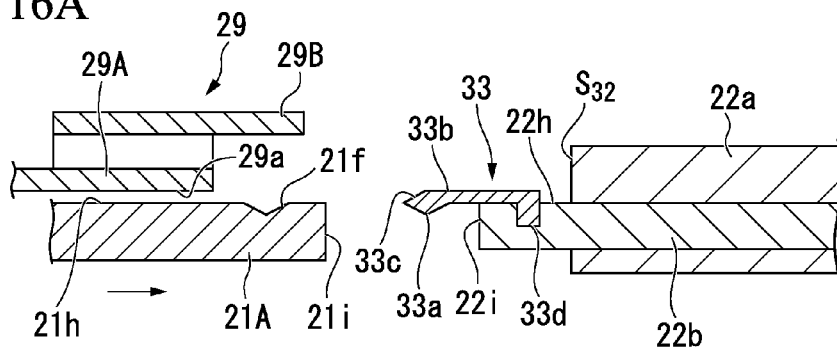


FIG. 16B

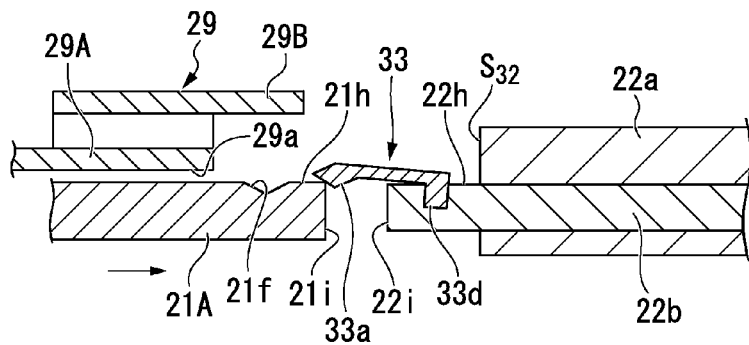


FIG. 16C

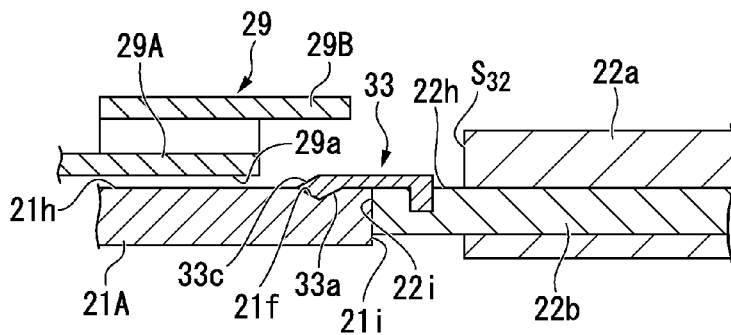


FIG. 16D

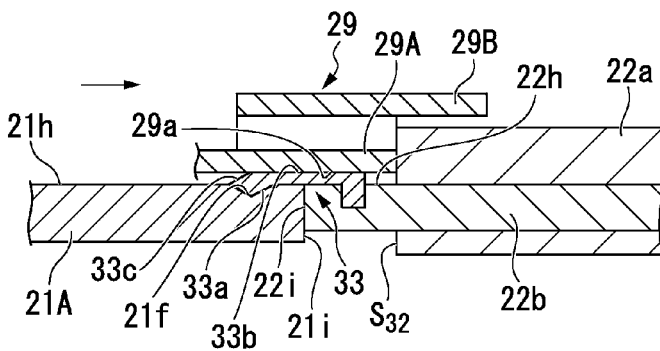


FIG. 17A

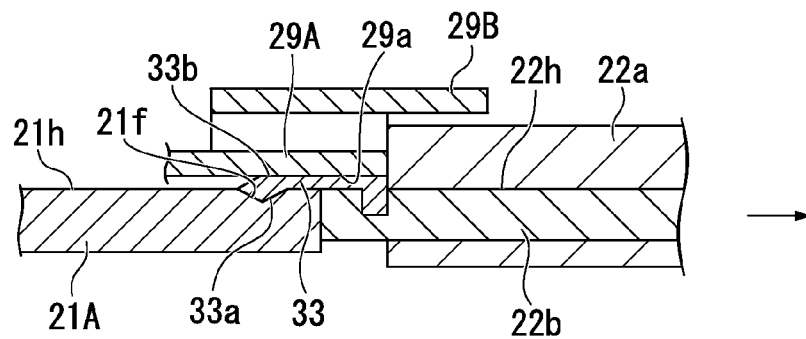


FIG. 17B

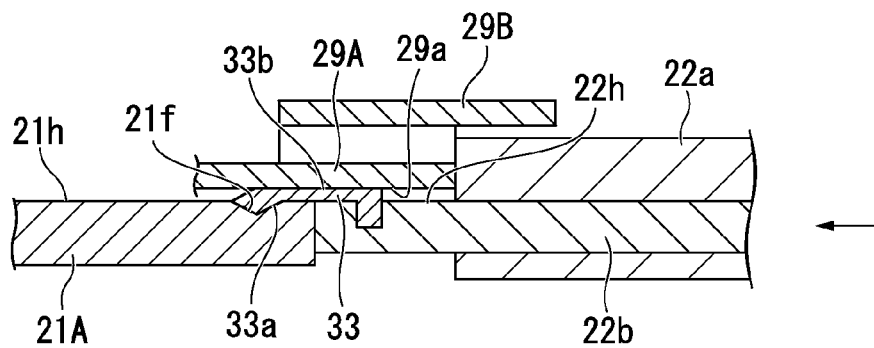


FIG. 18A

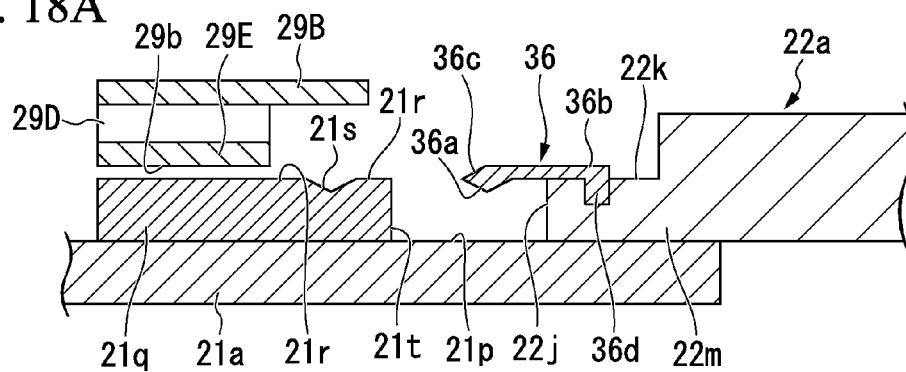


FIG. 18B

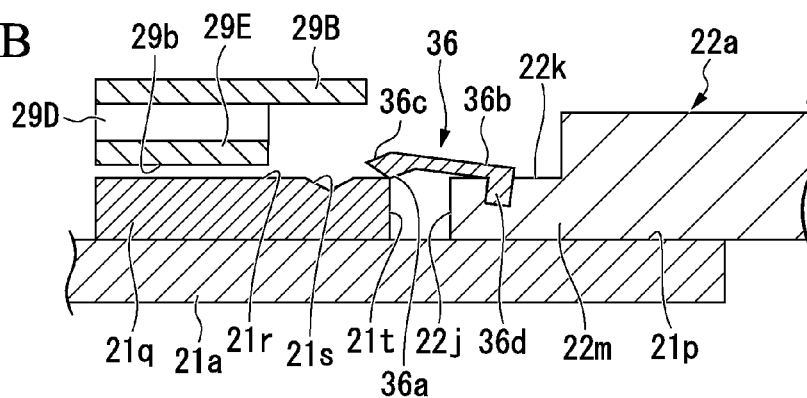


FIG. 18C

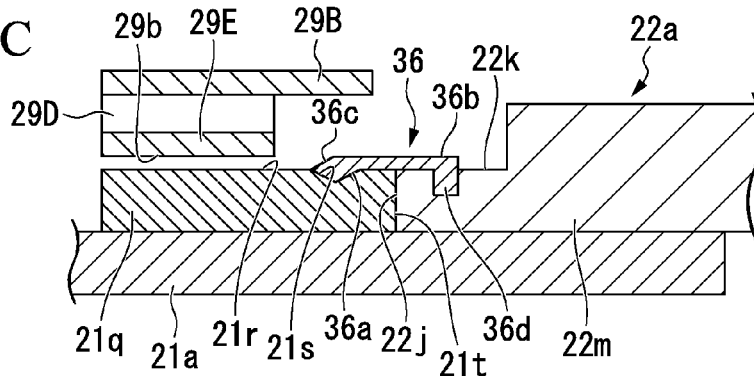


FIG. 18D

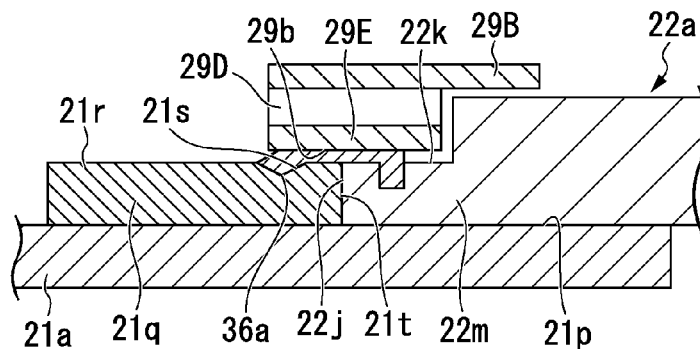
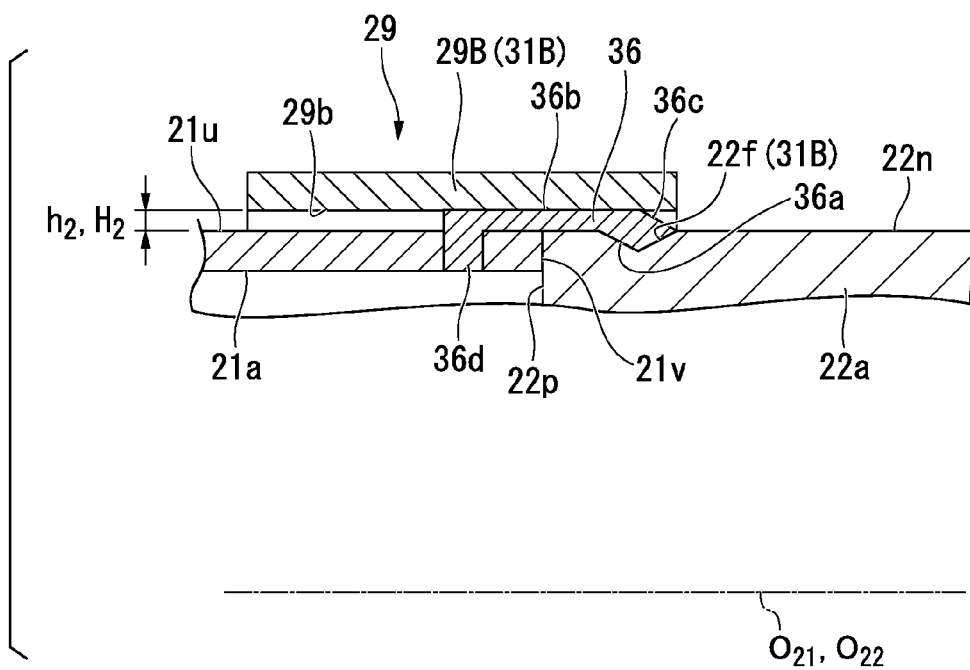


FIG. 19



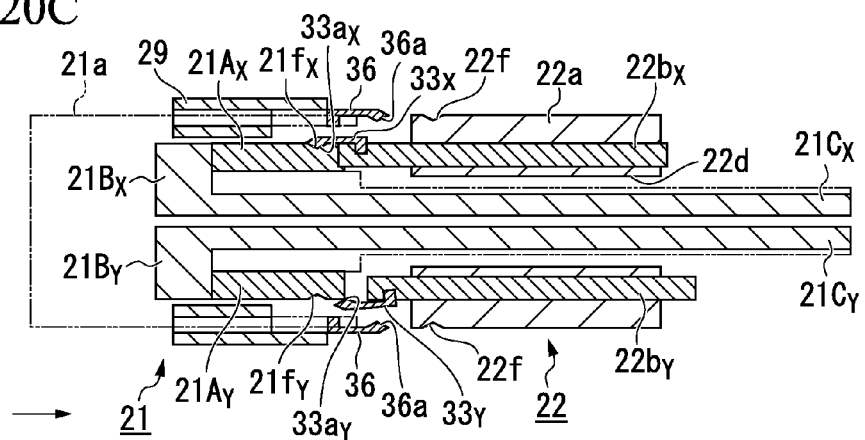


FIG. 21A

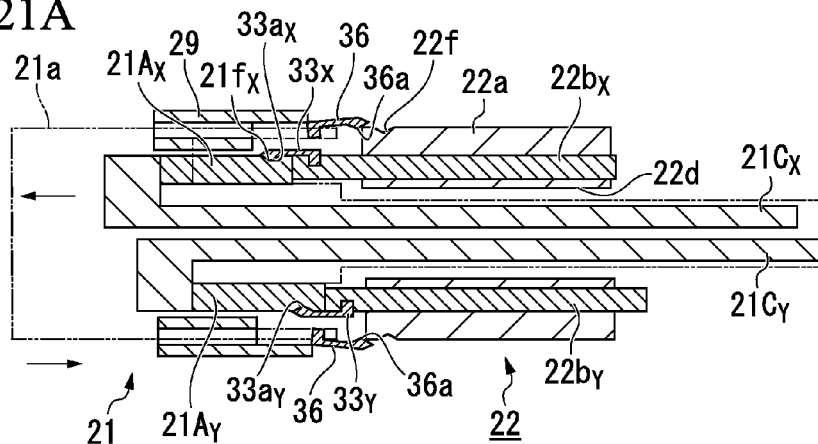


FIG. 21B

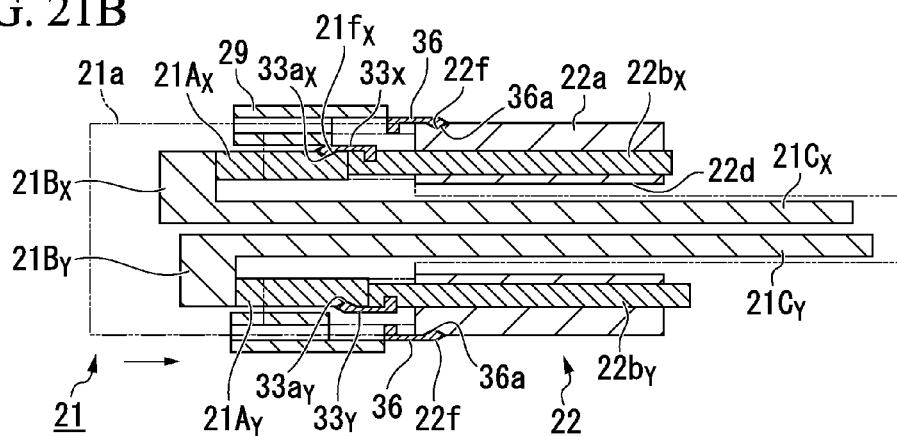


FIG. 21C

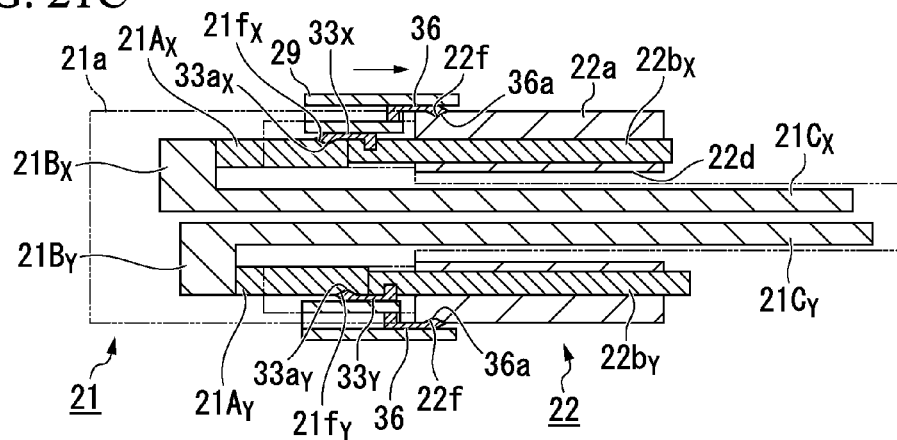


FIG. 22A

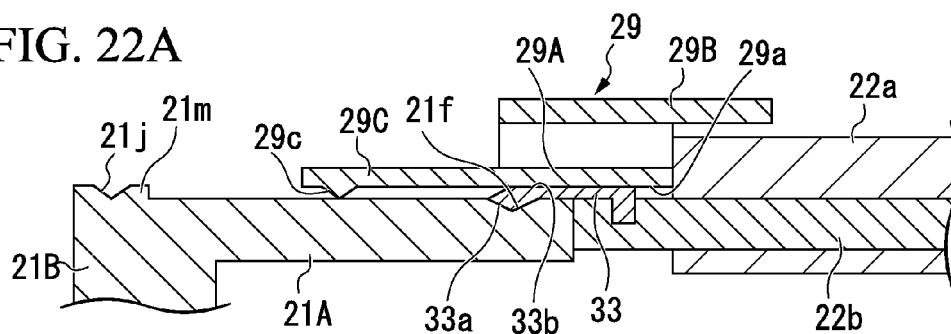


FIG. 22B

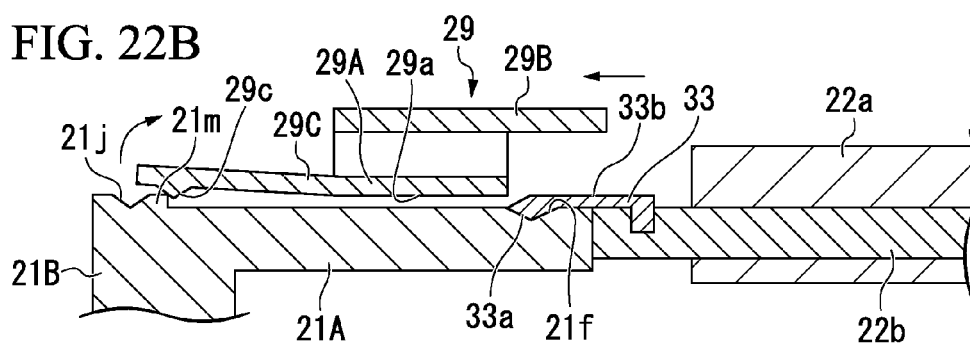


FIG. 22C

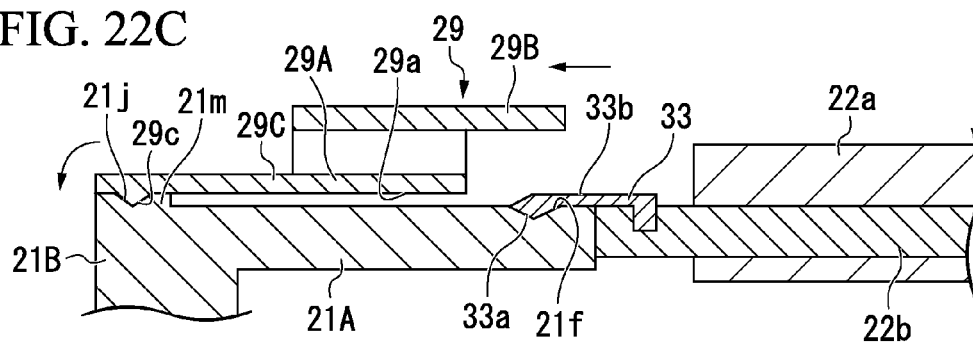


FIG. 22D

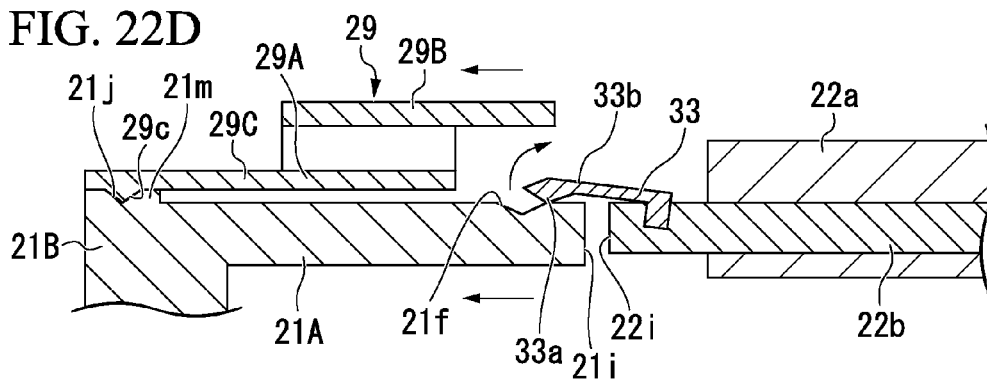


FIG. 23

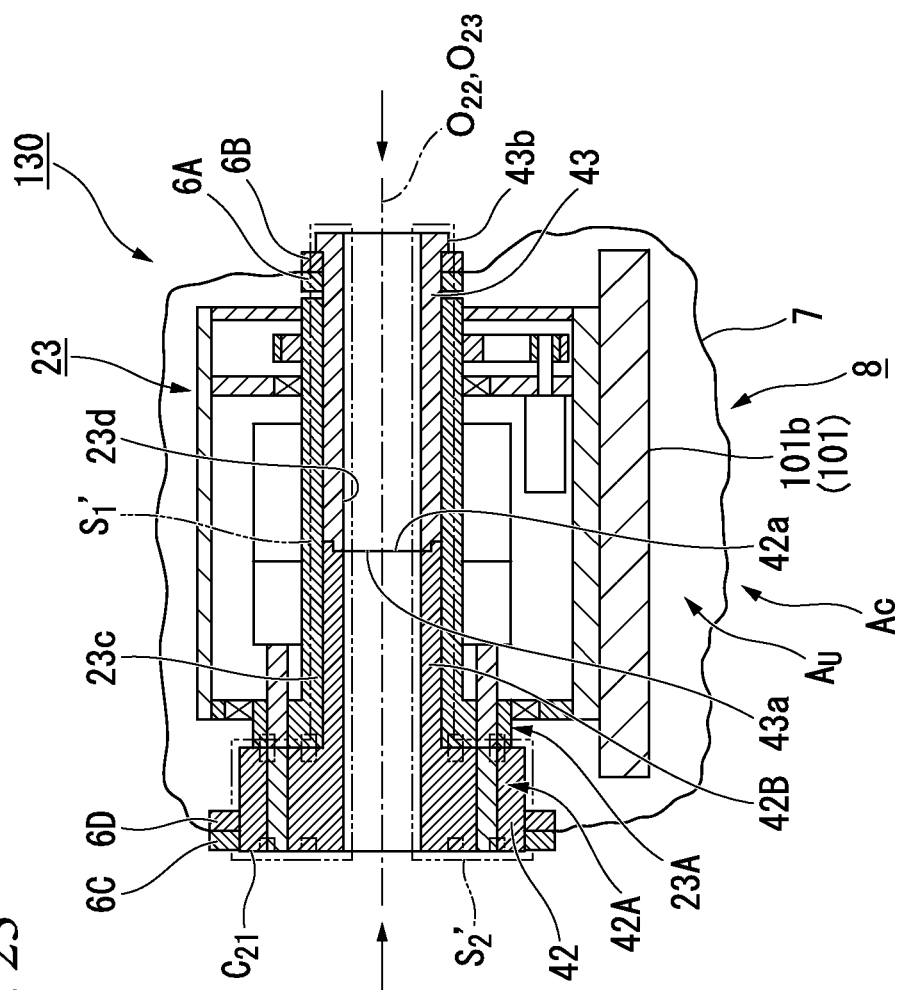


FIG. 24

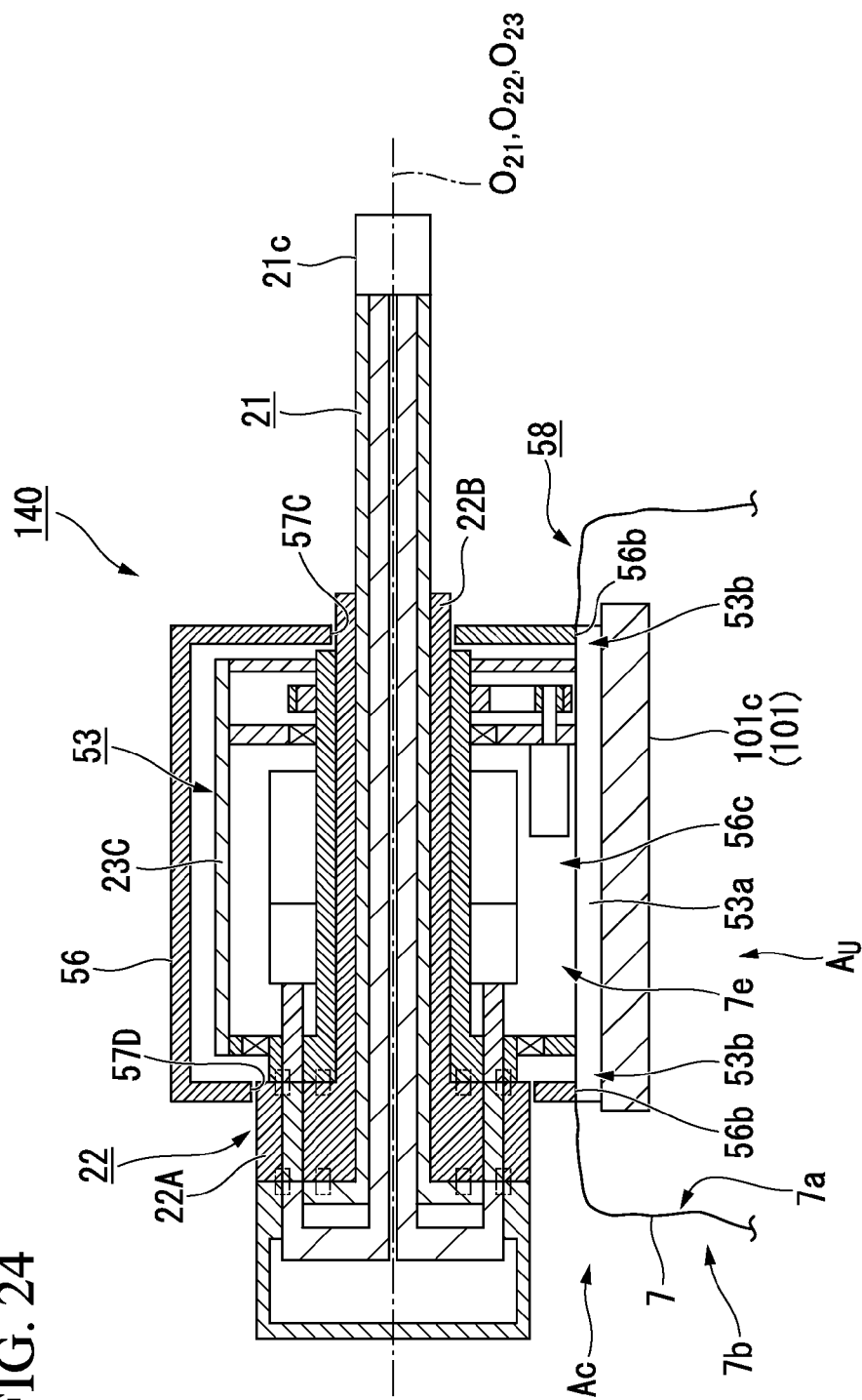


FIG. 25A

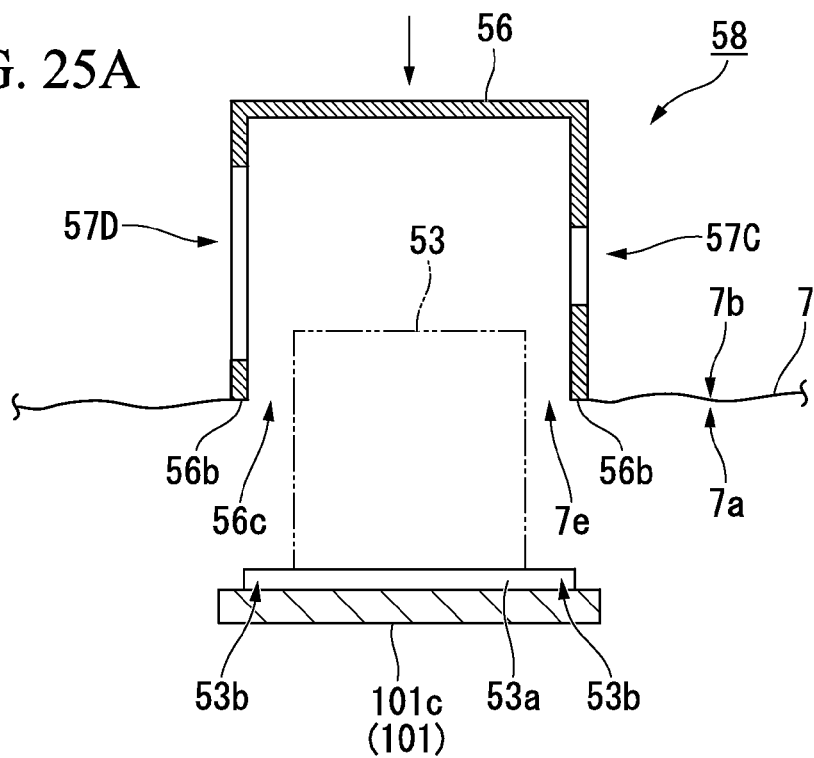


FIG. 25B

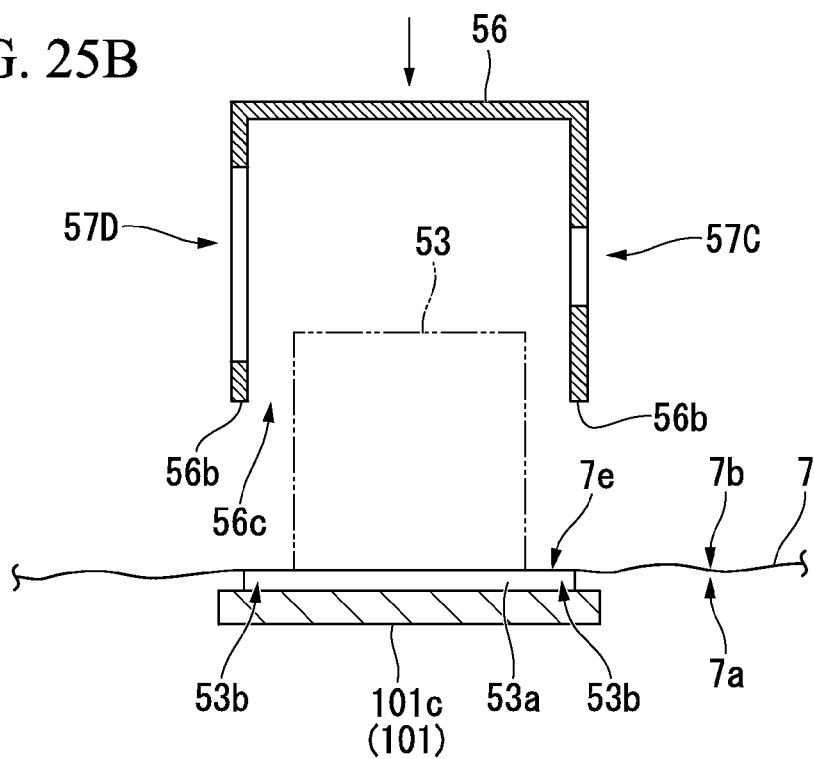
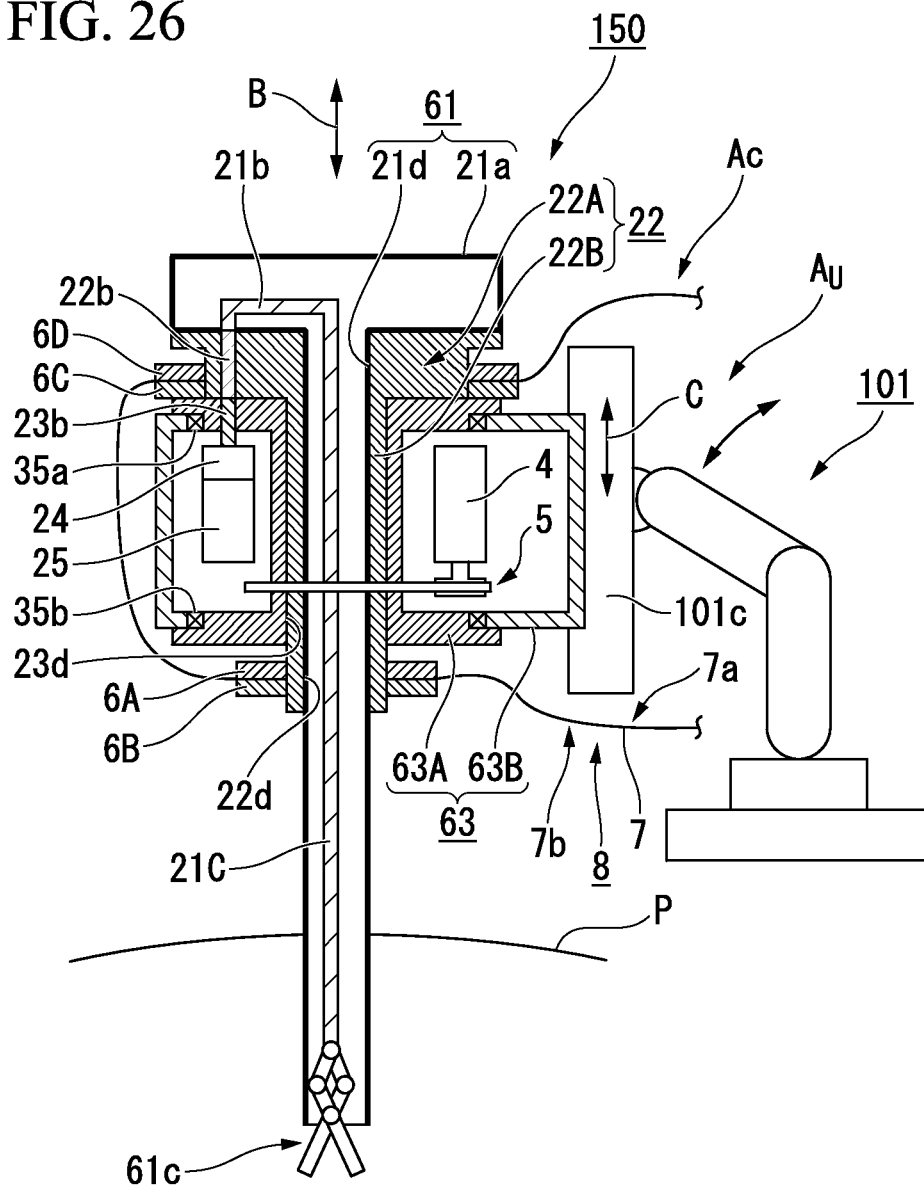


FIG. 26



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OPERATION SUPPORT DEVICE AND ASSEMBLY METHOD THEREOF

This application is a continuation application based on a PCT Patent Application No. PCT/JP2012/070408, filed Aug. 3, 2012, whose priority is claimed on both U.S. Provisional Application No. 61/515,203, filed on Aug. 4, 2011, and Japanese Patent Application No. 2012-036226, filed on Feb. 22, 2012. The contents of all of the PCT Application, the US Provisional Application, and the Japanese Application are incorporated herein by reference.

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates to an operation support device and an assembly method thereof.

2. Description of Related Art

In the related art, in order to support a surgical operation, an operation support device in which a surgical instrument unit is supported by a surgical instrument unit support section is well known.

In such an operation support device, in order to prevent contamination to a patient or a treated subject (hereinafter, simply referred to as a subject) or contamination from the subject, sterilization treatment is performed on an area in contact with or adjacent to the subject. However, for example, it is difficult to perform the sterilization treatment on a unit in which a mechanism requiring electric control such as a motor is disposed. For this reason, such a unit is covered by a sterilization drape to be treated as an unclean area (a non-sterilization field). Then, a clean area (a sterilization field) in which a unit subjected to the sterilization treatment is disposed is provided outside the sterilization drape.

For example, Japanese Patent No. 4058113 discloses “a robot surgical operation system configured to perform a treatment sequence in a sterilized field, the system includes surgical operation equipment, a manipulator assembly including a manipulator arm having a proximal end portion and a distal end portion, a sterilized drape configured to cover at least the manipulator arm of the manipulator assembly and block the manipulator arm from the sterilized field, and an adapter configured to connect the distal end portion of the manipulator arm to the surgical operation equipment and transmit at least secondary movement from the manipulator assembly to the equipment, wherein the adapter extends through the sterilized drape and includes one or more electric connectors configured to transmit an electrical signal from the manipulator arm to the surgical operation equipment and from the surgical operation equipment to the manipulator arm.”

That is, Japanese Patent No. 4058113 discloses a medical manipulator in which a hole is formed in the drape covering the manipulator arm, the adapter is mounted on the manipulator arm via the hole, and a treatment tool unit is mounted on the adapter.

In the medical manipulator disclosed in Japanese Patent No. 4058113, in order to distinguish an unclean area from a clean area, sterilization treatment is performed on the adapter exposed to the outside from the hole of the drape and the treatment tool unit mounted on the adapter, and thereby the clean area being formed.

SUMMARY OF THE INVENTION

According to a first aspect of the present invention, an operation support device has a surgical instrument unit and

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a surgical instrument unit support section configured to detachably support the surgical instrument unit. The operation support device includes: a sterilizable intermediate member rotatably connected to the surgical instrument support section and configured to detachably hold the surgical instrument unit; a sterilizable shielding member having at least one hole portion engaged with the intermediate member; and a driving force supply unit installed at the surgical instrument support section and configured to supply a driving force to the surgical instrument unit via the intermediate member. A first space and a second space are formed by an assembly constituted by the shielding member and the intermediate member engaged with the hole portion of the shielding member as a boundary. The intermediate member is detachably connected to the surgical instrument support section at a side of the first space. The intermediate member detachably holds the surgical instrument unit at a side of the second space. The driving force supply unit and the surgical instrument support section are disposed in the first space.

According to a second aspect of the present invention, in the operation support device according to the first aspect of the present invention, as at least the intermediate member is rotated, a rotary driving force may be supplied to the surgical instrument unit.

According to a third aspect of the present invention, in the operation support device according to the first aspect or the second aspect of the present invention, at least a pair of hole portions may be provided. The intermediate member may have a through-hole portion, into which the surgical instrument unit is inserted, provided to pass through the pair of hole portions and constituting a part of the second space.

According to a fourth aspect of the present invention, in the operation support device according to the third aspect of the present invention, the through-hole portion may have a detachable sterilized sheath.

According to a fifth aspect of the present invention, in the operation support device according to any one of the first aspect to the fourth aspect of the present invention, the driving force supply unit may have at least a linear driving force supply unit configured to advance and retract a drive shaft section in a certain direction to supply a linear driving force. The intermediate member may have at least a linear driving transmission shaft section movably installed in the same direction as the drive shaft section. The surgical instrument unit may be driven by the linear driving force received from the linear driving transmission shaft section.

According to a sixth aspect of the present invention, in the operation support device according to any one of the first aspect to the fifth aspect of the present invention, the intermediate member and the surgical instrument unit may be detachably installed to advance and retract with respect to the hole portion in a certain axial direction.

According to a seventh aspect of the present invention, in the operation support device according to the sixth aspect of the present invention, the intermediate member and the driving force supply unit may be detachably installed in the axial direction.

According to an eighth aspect of the present invention, in the operation support device according to any one of the first aspect to the seventh aspect of the present invention, the shielding member may include a drape and a frame member joined with the drape. The hole portion on which the intermediate member is mounted may be formed at an inner circumferential portion of the frame member.

According to a ninth aspect of the present invention, in the operation support device according to the eighth aspect of

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the present invention, the frame member joined with the drape may be detachably installed with respect to the driving force transmission section.

According to a tenth aspect of the present invention, in the operation support device according to any one of the first aspect to the seventh aspect of the present invention, the shielding member may include a drape and a coated housing joined with the drape. The hole portion through which the intermediate member is capable of passing may be formed at the coated housing.

According to an eleventh aspect of the present invention, in the operation support device according to the tenth aspect of the present invention, the coated housing joined with the drape may be detachably installed with respect to the driving force transmission section.

According to a twelfth aspect of the present invention, an assembly method of an operation support device is an assembly method of an operation support device having a surgical instrument unit and a surgical instrument unit support section configured to detachably support the surgical instrument unit. The operation support device includes: a sterilizable intermediate member rotatably connected to the surgical instrument support section and configured to detachably hold the surgical instrument unit; a sterilizable shielding member having at least one hole portion engaged with the intermediate member; and a driving force supply unit installed at the surgical instrument support section and configured to supply a driving force to the surgical instrument unit via the intermediate member. The assembly method of the operation support device includes: a shielding member disposing process of disposing the shielding member to cover the driving force supply unit and the surgical instrument support section; a first connecting process of engaging the hole portion of the shielding member with the intermediate member to form an assembly, positioning the driving force supply unit and the surgical instrument support section in a first space using the assembly as a boundary, and detachably connecting the intermediate member and the surgical instrument support section in a side of the first space; and a second connecting process of detachably holding the intermediate member and the surgical instrument unit in a side of a second space opposite to the first space using the assembly as a boundary.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a schematic partial cross-sectional view showing a configuration of an operation support device according to a first embodiment of the present invention.

FIG. 2 is a cross-sectional view taken along line A-A of FIG. 1.

FIG. 3 is a schematic perspective view showing a configuration of a shielding member of the operation support device according to the first embodiment of the present invention.

FIG. 4A is a schematic process view for describing a driving force supply unit installing process in an assembly method of the operation support device according to the first embodiment of the present invention.

FIG. 4B is a schematic process view for describing a shielding member disposing process in the assembly method of the operation support device according to the first embodiment of the present invention.

FIG. 5A is a schematic process view for describing a first connecting process in the assembly method of the operation support device according to the first embodiment of the present invention.

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FIG. 5B is a schematic process view for describing the first connecting process in the assembly method of the operation support device according to the first embodiment of the present invention.

FIG. 6 is a schematic process view for describing a second connecting process in the assembly method of the operation support device according to the first embodiment of the present invention.

FIG. 7 is a schematic partial cross-sectional view showing a configuration of main parts of an operation support device of a present modified example (a first modified example) of the first embodiment of the present invention.

FIG. 8 is a schematic perspective view showing an appearance of main parts of an operation support device according to a second embodiment of the present invention.

FIG. 9 is a schematic cross-sectional view of the main parts of the operation support device according to the second embodiment of the present invention upon connection in an axial direction.

FIG. 10 is a schematic cross-sectional view of the main parts of the operation support device according to the second embodiment of the present invention upon deconcatenation in the axial direction.

FIG. 11 is a schematic cross-sectional view of a surgical instrument unit drive unit and an intermediate member of the operation support device according to the second embodiment of the present invention upon connection in the axial direction.

FIG. 12 is a schematic cross-sectional view showing a specific configuration of the operation support device according to the second embodiment of the present invention in the axial direction.

FIG. 13 is a partially enlarged view showing a portion P of FIG. 12.

FIG. 14 is a schematic cross-sectional view showing an engaged state of a shaft fixing member engaging section and a second shaft engaging section of the operation support device according to the second embodiment of the present invention in the axial direction.

FIG. 15A is a schematic cross-sectional view showing a configuration of main parts of a surgical instrument unit and an intermediate member of the operation support device according to the second embodiment of the present invention in the axial direction.

FIG. 15B is a partially enlarged view of a portion Q of FIG. 15A.

FIG. 16A is a schematic view for describing an engagement motion of an intermediate shaft section and a surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention.

FIG. 16B is a schematic view for describing the engagement motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention.

FIG. 16C is a schematic view for describing the engagement motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention.

FIG. 16D is a schematic view for describing the engagement motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention.

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FIG. 17A is a schematic view for describing a motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention upon engagement.

FIG. 17B is a schematic view for describing a motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention upon engagement.

FIG. 18A is a schematic view for describing an engagement motion of an intermediate member support and a surgical instrument unit support of the operation support device according to the second embodiment of the present invention.

FIG. 18B is a schematic view for describing the engagement motion of the intermediate member support and the surgical instrument unit support of the operation support device according to the second embodiment of the present invention.

FIG. 18C is a schematic view for describing the engagement motion of the intermediate member support and the surgical instrument unit support of the operation support device according to the second embodiment of the present invention.

FIG. 18D is a schematic view for describing the engagement motion of the intermediate member support and the surgical instrument unit support of the operation support device according to the second embodiment of the present invention.

FIG. 19 is a schematic cross-sectional view showing a modified example (a second modified example) of main parts of a support attachment/detachment mechanism unit of the operation support device according to the second embodiment of the present invention.

FIG. 20A is a schematic view for describing a mounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

FIG. 20B is a schematic view for describing the mounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

FIG. 20C is a schematic view for describing the mounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

FIG. 21A is a view for describing a motion continued from FIGS. 20A, 20B and 20C.

FIG. 21B is a view for describing the motion continued from FIGS. 20A, 20B and 20C.

FIG. 21C is a view for describing the motion continued from FIGS. 20A, 20B and 20C.

FIG. 22A is a schematic view for describing a dismounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

FIG. 22B is a schematic view for describing the dismounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

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FIG. 22C is a schematic view for describing the dismounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

FIG. 22D is a schematic view for describing the dismounting motion of the surgical instrument unit with respect to the intermediate member of the operation support device according to the second embodiment of the present invention.

FIG. 23 is a schematic cross-sectional view showing a configuration of main parts of an operation support device according to a modified example (a third modified example) of the second embodiment of the present invention in the axial direction.

FIG. 24 is a schematic cross-sectional view showing a configuration of main parts of an operation support device according to a third embodiment of the present invention in an axial direction.

FIG. 25A is a schematic exploded view showing a relation between a coated housing and a drape used in an operation support device according to the third embodiment of the present invention and a modified example (a fourth modified example) thereof.

FIG. 25B is a schematic exploded view showing the relation between the coated housing and the drape used in the operation support device according to the third embodiment of the present invention and the modified example (the fourth modified example) thereof.

FIG. 26 is a schematic partial cross-sectional view showing a configuration of an operation support device according to a fourth embodiment of the present invention.

FIG. 27 is a schematic partial cross-sectional view showing a configuration of an operation support device according to a fifth embodiment of the present invention.

DETAILED DESCRIPTION OF THE INVENTION

Hereinafter, embodiments of the present invention will be described with reference to the accompanying drawings. Throughout the drawings, even in different embodiments, like or similar members are designated by same reference numerals, and description thereof will not be repeated.

First Embodiment

An operation support device according to a first embodiment of the present invention will be described.

FIG. 1 is a schematic partial cross-sectional view showing a configuration of the operation support device according to the first embodiment of the present invention. FIG. 2 is a cross-sectional view taken along line A-A of FIG. 1. FIG. 3 is a schematic perspective view showing a configuration of a shielding member of the operation support device according to the first embodiment of the present invention.

As shown in FIG. 1, for example, in a surgical operation, an operation support device 100 according to the present embodiment is an apparatus for manipulating a surgical instrument or moving the surgical instrument in a state in which the surgical instrument is disposed at an appropriate position such as a body cavity of a patient P, or the like.

The operation support device 100 includes a surgical instrument unit support section 101, a surgical instrument driving unit 3 (a driving force supply unit), an intermediate member 2, a treatment tool unit 1 (a surgical instrument unit), and a drape 7 (a shielding member). The surgical

instrument driving unit 3 and the intermediate member 2, and the intermediate member 2 and the treatment tool unit 1 are detachably connected in an axial direction as shown by an arrow B. Accordingly, the surgical instrument driving unit 3 (the driving force supply unit), the intermediate member 2, and the treatment tool unit 1 configure a substantially shaft-shaped exterior extending from a proximal end side to a distal end side upon connection as a whole.

Here, the distal end side of the operation support device 100 is a side directed to the body cavity of the patient in use, and the proximal end side is an opposite side thereof.

Hereinafter, in particular, when a relative positional relation among the surgical instrument driving unit 3, the intermediate member 2, and the treatment tool unit 1 (surgical instrument unit) in a connection state in a longitudinal direction is shown, a distal end side, a proximal end side, a distal end portion, a proximal end portion, and so on are referred to with the same meanings as described above unless specifically indicated otherwise.

In addition, when directions related to members such as a tubular shape, a column shape, a shaft shape, or the like, in which a central axis can be specified, are described, a direction along the central axis may be referred to as an axial direction, a direction circling about the central axis may be referred to as a circumferential direction, and a direction perpendicular to the central axis may be referred to as a radial direction.

The surgical instrument unit support section 101 is configured to detachably support the treatment tool unit 1 via the surgical instrument driving unit 3. In the present embodiment, the surgical instrument unit support section 101 includes a base 101a, a multi-joint arm 101b installed on the base 101a, and a linear driving moving section 101c connected to an end portion of the multi-joint arm 101b opposite to the base 101a.

The multi-joint arm 101b is configured by appropriately assembling arms connected to joints that can perform movement having multiple degrees of freedom such as rotation, linear driving, or the like, by a drive unit (not shown) such as a motor, or the like. For this reason, as the multi-joint arm 101b is manipulated by a manipulation unit (not shown), a position and an orientation of the linear driving moving section 101c with respect to the base 101a can be varied.

For example, the multi-joint arm 101b may be a slave arm of a master slave type medical manipulator system. In this case, since the surgical instrument driving unit 3 is electrically connected to a control unit of the medical manipulator system and configured to perform a motion based on a control signal from a master arm, the surgical instrument driving unit 3 can configure a part of a slave arm.

The surgical instrument unit support section 101 includes a movable part or an electric circuit. For this reason, in the present embodiment, sterilization treatment by, for example, vapor, heat, pressure, or chemicals, or the like (hereinafter, simply referred to as sterilization treatment), is not performed on the entire surgical instrument unit support section 101. However, in the surgical instrument unit support section 101, a sterilization treatment may be appropriately performed on an area in which the sterilization treatment can be easily performed.

The surgical instrument driving unit 3 is a member configured to generate displacement or a force (hereinafter, simply referred to as "a driving force") for operating the treatment tool unit 1 based on a control signal from drive control unit (not shown) and to transmit the driving force to the treatment tool unit 1 via the intermediate member 2.

In the present embodiment, the surgical instrument driving unit 3 is configured to supply the driving force to rotate the treatment tool unit 1 about a central axis O_1 thereof.

The surgical instrument driving unit 3 includes a support section 3a supported by the linear driving moving section 101c to enable movement in one direction, a shaft rotating member 3c supported to enable rotation about a certain central axis O_3 with respect to the support section 3a, a motor 4, and a transmission mechanism 5.

The support section 3a may have an appropriate shape such as a box shape, a plate shape, a block shape, or the like, as long as the shaft rotating member 3c can be rotatably supported.

In the present embodiment, as an example, the support section 3a is formed in a box shape. Through-holes are formed in the support section 3a at coaxial positions in two opposite side surfaces thereof. The through-holes are coaxially formed, and outer rings of bearings 3b are fixed to inner circumferential portions of the through-holes.

The shaft rotating member 3c has an outer diameter such that the shaft rotating member 3c is inserted into inner rings of the bearings 3b to be fixed to the bearings 3b. The shaft rotating member 3c is a tubular member having a through-hole portion 3d formed therein, which becomes coaxial with a rotation central axis of the bearing 3b. A length of the shaft rotating member 3c is a length protruding outward slightly more than the support section 3a, in a state in which a proximal end portion 3f and a distal end portion 3e are fitted into the inner rings of the bearings 3b, respectively.

In addition, while not specifically shown in FIG. 1, flange portions or fixing members are formed at end portions of the shaft rotating member 3c to lock or fix the inner rings of the bearings 3b.

For this reason, the shaft rotating member 3c is rotatably supported by the support section 3a via the bearings 3b. A rotation central axis of the shaft rotating member 3c restricted by rotation central axes of the bearings 3b is referred to as a central axis O_3 .

The support section 3a can be installed in an appropriate orientation with respect to the linear driving moving section 101c. In the present embodiment, as an example, the support section 3a is installed in an orientation in which a moving direction (see an arrow C of FIG. 1) of the linear driving moving section 101c is parallel to the central axis O_3 .

The motor 4 is a member for supplying a rotary driving force to the shaft rotating member 3c. The motor 4 is electrically connected to a drive control unit (not shown), and rotated based on a control signal from the drive control unit.

The transmission mechanism 5 configured to transmit the rotary driving force of the motor 4 to the shaft rotating member 3c is installed between a motor output shaft 4a of the motor 4 and the surgical instrument driving unit 3.

The transmission mechanism 5 may employ an appropriate transmission mechanism such as a gear transmission mechanism, a belt transmission mechanism, or the like. In the present embodiment, as an example, as shown in FIG. 2, the transmission mechanism 5 employs a belt transmission mechanism including a drive pulley 5a installed at the motor output shaft 4a, a driven pulley 5c fixed to an outer circumferential section of a distal end side of the shaft rotating member 3c, and a transmission belt 5b fitted to and rotated by the drive pulley 5a and the driven pulley 5c.

In the present embodiment, a toothed belt is employed as the transmission belt 5b to accurately transmit a rotation angle without generating slippage.

In the present embodiment, in the surgical instrument driving unit 3, the motor 4 and the transmission mechanism 5 are covered by the support section 3a. However, the bearings 3b are exposed to the support section 3a. For this reason, sterilization treatment is not performed on the entire surgical instrument driving unit 3. In addition, a sterilization treatment may be appropriately performed on a member on which the sterilization treatment can be easily performed.

In the present embodiment, the shaft rotating member 3c is a member for changing a rotation position of the treatment tool unit 1 by rotating an orientation of the treatment tool unit 1 about the central axis O₁. For this reason, the shaft rotating member 3c may be configured to be rotated by at least half-turns in different directions.

The intermediate member 2 is a member configured to detachably connect the surgical instrument driving unit 3 and the treatment tool unit 1 and transmit a driving force from the surgical instrument driving unit 3 to the treatment tool unit 1. In addition, the intermediate member 2 is a member configured to connect the treatment tool unit 1, on which the sterilization treatment is performed, to the surgical instrument driving unit 3, on which the sterilization treatment is not performed, with no contact therebetween.

As shown in FIG. 1, the intermediate member 2 is a substantially tubular member about a central axis O₂, and a proximal end portion 2A and a tubular section 2B are disposed from a proximal end side to a distal end side thereof.

The proximal end portion 2A is a portion for detachably connecting the treatment tool unit 1 (to be described later). In the present embodiment, the proximal end portion 2A has an annular shape having a diameter larger than an outer diameter of the shaft rotating member 3c.

A conventional connection mechanism used for connection to the treatment tool unit 1 may be appropriately employed in a connection mechanism to the treatment tool unit 1. However, a connection means in which connection and disconnection is performed by the treatment tool unit 1 being advanced or retracted in a direction along the central axis O₂, may be more preferable.

As an example of such a preferable connection means, for example, a concavo-convex fitting structure or the like constituting a snap fit may be used. In this case, for example, a rod-shaped deformation section, which is elastically deformable, having a first engaging section formed at one end thereof, and a second engaging section engaged with the first engaging section in a concavo-convex shape may be installed at the proximal end portion 2A and the treatment tool unit 1, respectively. However, the second engaging section may be installed at the treatment tool unit 1, and the deformation section may be installed at the proximal end portion 2A.

The tubular section 2B is a tubular section passing through and inserting into the through-hole portion 3d of the shaft rotating member 3c, and includes an outer circumferential insertion section 2c having a shape fitted into the through-hole portion 3d.

The tubular section 2B has a length such that the tubular section 2B can pass through the drape rings 6A and 6B, the shaft rotating member 3c, and the drape rings 6C and 6D, in a state in which the shaft rotating member 3c is sandwiched between drape rings 6A and 6B, and drape rings 6C and 6D described later.

The drape rings 6A and 6B are fixed with the drape 7 (a blocking member) sandwiched therebetween. A hole portion 7C (see FIG. 3) having a size through which the tubular

section 2B of the intermediate member 2 can pass is formed at the drape rings 6A and 6B and the drape 7.

Similarly, the drape rings 6C and 6D are fixed with the drape 7 sandwiched therebetween. A hole portion 7D (see FIG. 3) having a size through which the tubular section 2B of the intermediate member 2 can pass is formed at the drape rings 6C and 6D and the drape 7.

The drape 7 is a shielding member configured to block the surgical instrument unit support section 101, at which the surgical instrument driving unit 3 is installed, from the treatment tool unit 1, together with the surgical instrument driving unit 3. The drape 7 is formed of a sheet-shaped member having flexibility such as polyethylene, or the like, on which the sterilization treatment is performed.

In the present embodiment, the drape rings 6C and 6D, through which the tubular section 2B of the intermediate member 2 passes, are positioned to enable free rotation with respect to the tubular section 2B while interposed between the proximal end portion 2A of the intermediate member 2 and the shaft rotating member 3c. In addition, the tubular section 2B of the intermediate member 2 passes through the drape rings 6A and 6B. As a positional relation between the drape rings 6A and 6B and the drape rings 6C and 6D of the drape 7 is adjusted, it is possible to prevent the drape rings 6A and 6B from falling out from the tubular section 2B of the intermediate member 2. Meanwhile, a snap fit-shaped protrusion may be formed at the drape rings 6C and 6D or the tubular section 2B of the intermediate member 2 to prevent the drape rings 6A and 6B from falling out from the tubular section 2B of the intermediate member 2.

A key (a protrusion, not shown) engaged with a groove (not shown) extending in an axial direction of an inner circumference of the shaft rotating member 3c is disposed at the tubular section 2B of the intermediate member 2. For this reason, the intermediate member 2 and the shaft rotating member 3c are rotated together about the central axis O₂. In addition, the intermediate member 2 and the shaft rotating member 3c are configured to be slidably detachable in a direction of an arrow B. However, the intermediate member 2 is not easily deviated from the shaft rotating member 3c by friction and gravity between an outer circumferential surface of the tubular section 2B of the intermediate member 2 and an inner circumferential surface of the shaft rotating member 3c unless a person intentionally extracts the intermediate member 2 from the shaft rotating member 3c. However, positions of the intermediate member 2 and the shaft rotating member 3c may be fixed by a key (not shown) of the tubular section 2B of the intermediate member 2 and a snap fit disposed in a groove (not shown) of an inner circumference of the shaft rotating member 3c.

In addition, a surgical instrument unit insertion hole 2d, through which the treatment tool unit 1 can be inserted, is installed to pass through center portions of the proximal end portion 2A and the tubular section 2B in the axial direction.

The treatment tool unit 1 is configured to have a surgical instrument 1a, which is equipment or an instrument used in a surgical operation, formed at a distal end thereof, and configured to receive a driving force from the surgical instrument driving unit 3 via the intermediate member 2. The treatment tool unit 1 is detachably installed with respect to the intermediate member 2 in the axial direction.

As the surgical instrument 1a, equipment or an instrument that can be used through only movement by the surgical instrument unit support section 101 or rotation movement by the surgical instrument driving unit 3, with no application of a driving force from the outside, for example, a treatment tool such as a high frequency knife, or the like, may be used.

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However, an instrument for receiving a driving force from the outside and performing an opening/closing motion or a curve motion, for example, a forceps, a stapler, an endoscope, a distal end portion of which is able to perform a curve motion, or the like may be employed.

Hereinafter, as an example, a case of the instrument used through only movement by the surgical instrument unit support section 101 or rotation movement by the surgical instrument driving unit 3 will be described.

The intermediate member 2 does not have a movable part or an electric circuit that has a possibility of deterioration due to the sterilization treatment. For this reason, the sterilization treatment is performed on the entire intermediate member 2.

The treatment tool unit 1 has substantially a shaft shape as a whole. The treatment tool unit 1 includes a connecting section 1A connected to the intermediate member 2, and a shaft-shaped section 1B having a proximal end portion connected to the connecting section 1A and a distal end portion provided with the surgical instrument 1a.

The connecting section 1A is detachably connected to the proximal end side of the proximal end portion 2A of the intermediate member 2.

The shaft-shaped section 1B has an outer diameter such that the shaft-shaped section 1B can be inserted into the surgical instrument unit insertion hole 2d of the intermediate member 2. The shaft-shaped section 1B has a length such that the shaft-shaped section 1B passes through the surgical instrument unit insertion hole 2d.

An engaging section (not shown) configured to position the treatment tool unit 1 with respect to the through-hole portion 3d in a circumferential direction of the treatment tool unit 1 is formed at least one of the connecting section 1A and the shaft-shaped section 1B.

As shown in FIG. 3, an inner edge of a drape hole 7c is sandwiched between the drape ring 6A (a shielding member, a frame member) joined with a surface 7a (one surface) of the drape 7 and the drape ring 6B (a shielding member, a frame member) joined with a surface 7b (the other surface), which is a rear surface of the surface 7a. Inner circumferential surfaces 6a and 6b having a shape into which the tubular section 2B can be inserted and fitted are formed in the drape rings 6A and 6B at coaxial positions, respectively.

In addition, an inner edge of a drape hole 7d is sandwiched between the drape ring 6C (a shielding member, a frame member) joined with the surface 7a and the drape ring 6D (a shielding member, a frame member) joined with the surface 7b. Inner circumferential surfaces 6c and 6d having a shape into which the tubular section 2B can be inserted and fitted are formed in the drape rings 6C and 6D at coaxial positions, respectively.

The drape rings 6A, 6B, 6C and 6D are formed of a material having a higher stiffness than that of the drape 7, for example, a metal, a synthetic resin, or the like. The drape rings 6A, 6B, 6C and 6D are joined with the drape 7 by, for example, adhesion, fusion, or the like.

According to the above-mentioned configuration, the hole portion 7C is formed by the inner circumferential surfaces 6a and 6b of the drape rings 6A and 6B. The hole portion 7C is a portion having an inner diameter smaller than a hole diameter of the drape hole 7c and into which the tubular section 2B can be inserted and fitted.

In addition, the hole portion 7D is formed by the inner circumferential surfaces 6c and 6d of the drape rings 6C and 6D. The hole portion 7D is a portion having an inner

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diameter smaller than a hole diameter of the drape hole 7d and into which the tubular section 2B can be inserted and fitted.

Hereinafter, the drape 7 to which the drape rings 6A, 6B, 6C and 6D are joined and in which the hole portions 7C and 7D are formed is referred to as a drape assembly 8 (a shielding member).

In the present embodiment, the sterilization treatment is performed on the drape assembly 8 as a whole.

In the drape assembly 8, surfaces other than the inner circumferential surfaces 6a and 6c of the drape rings 6A and 6C form a surface continued into the surface 7a of the drape 7.

In addition, surfaces other than the inner circumferential surfaces 6b and 6d of the drape rings 6B and 6D form a surface continued into the surface 7b of the drape 7.

The drape rings 6A, 6B, 6C and 6D cover the drape holes 7c and 7d that are formed in the drape 7 having flexibility and can be easily deformed, and configure frame members forming the hole portions 7C and 7D having a more stable shape.

As shown in FIG. 1, a distance between the hole portions 7C and 7D is set to a dimension such that, when the surgical instrument unit support section 101 is covered by the drape 7, about the hole portions 7C and 7D can be aligned with the central axis O₃ of the shaft rotating member 3c, with the surgical instrument driving unit 3 interposed therebetween.

An assembly method of the operation support device 100 having the above-mentioned configuration will be described.

FIGS. 4A and 4B are schematic process views for describing a driving force supply unit installation process and a shielding member disposition process in the assembly method of the operation support device according to the first embodiment of the present invention. FIGS. 5A and 5B are schematic process views for describing a first connecting process in the assembly method of the operation support device according to the first embodiment of the present invention. FIG. 6 is a schematic process view for describing a second connecting process in the assembly method of the operation support device according to the first embodiment of the present invention.

In order to assemble the operation support device 100, as shown in FIG. 4A, the drape assembly 8 is previously formed. After that, a driving force supply unit installation process, a shielding member disposition process, a first connecting process, and a second connecting process are sequentially performed.

The driving force supply unit installation process is a process of positioning the surgical instrument driving unit 3, which is a driving force supply unit, using the surgical instrument unit support section 101.

Here, the surgical instrument driving unit 3 can be installed in an appropriate orientation in accordance with a stopped state of the surgical instrument unit support section 101. In the present embodiment, a stopped state of the surgical instrument unit support section 101 is previously adjusted, such that the surgical instrument driving unit 3 is set to be in an orientation in a substantially vertical direction (including a vertical direction) in a state in which the distal end portion 3e of the shaft rotating member 3c is directed downward.

As described above, the driving force supply unit installation process is finished.

Next, the shielding member disposition process is performed. This process is a process of disposing the surface 7a, which is one surface of the drape assembly 8 having the

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hole portions 7C and 7D, toward the surgical instrument unit support section 101 and the surgical instrument driving unit 3.

In the present embodiment, as shown in FIG. 4A, the surface 7a is directed to the surgical instrument driving unit 3 and the surgical instrument unit support section 101, and disposed at a position to cover the surgical instrument driving unit 3 and the surgical instrument unit support section 101.

Next, as shown in FIG. 4B, the drape assembly 8 is moved, and the drape rings 6A and 6C are moved such that the drape ring 6C approaches and faces the proximal end portion 3f of the shaft rotating member 3c, the drape ring 6A approaches and opposes the distal end portion 3e of the shaft rotating member 3c, and centers of the hole portions 7C and 7D are aligned with the central axis O₃ (including an aligned case), and the state is maintained.

Accordingly, the hole portion 7C, the through-hole portion 3d and the hole portion 7D are sequentially and serially disposed in a substantially vertical direction. Then, an outer circumferential section of the surgical instrument driving unit 3 is covered by the drape assembly 8 so as to form a C shape in a longitudinal cross-section.

As described above, the shielding member disposition process is finished.

Since the drape assembly 8 is disposed as described above, the surgical instrument driving unit 3, on which the sterilization treatment is not performed, is disposed in a region surrounded by the surface 7a of the drape assembly 8. Hereinafter, the region is referred to as an unclean area A_U (a first space).

In addition, a region facing the surface 7b at a rear surface side of the drape assembly 8 is referred to as a clean area A_C (a second space).

Upon finishing the process, the unclean area A_U and the clean area A_C are partitioned by the drape 7, and are communicated with each other by the hole portions 7C and 7D.

Next, the first connecting process is performed. This process is a process of attaching by inserting the intermediate member 2 into the hole portions 7C and 7D of the drape assembly 8 and attaching by inserting the intermediate member 2 into the surgical instrument driving unit 3 and connecting the intermediate member 2 to the surgical instrument driving unit 3. After the intermediate member 2 is connected to the surgical instrument driving unit 3, a first surface section of the intermediate member 2 is continued into the surface 7a of the drape assembly 8, a second surface section of the intermediate member 2 is continued into the surface 7b of the drape assembly 8, and a first surface section of the intermediate member 2 is set to face the surgical instrument driving unit 3.

In the present embodiment, as shown in FIG. 5A, in a state in which the drape assembly 8 is disposed, the tubular section 2B of the intermediate member 2 directed downward is disposed on the hole portion 7D, and the intermediate member 2 is inserted into the hole portion 7D, the through-hole portion 3d of the shaft rotating member 3c and the hole portion 7C from the distal end side.

Accordingly, the drape rings 6C and 6D are fitted to the tubular section 2B in a state in which the drape rings 6C and 6D are sandwiched between the proximal end portion 2A and the proximal end portion 3f of the shaft rotating member 3c at the proximal end side of the tubular section 2B.

In addition, the drape rings 6A and 6B are fitted to the tubular section 2B in a state in which the drape rings 6A and

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6B are opposite to the distal end portion 3e of the shaft rotating member 3c at the distal end side of the tubular section 2B.

As described above, the tubular section 2B of the intermediate member 2 and the through-hole portion 3d of the shaft rotating member 3c are engaged with each other to be rotated together by a key and a groove (not shown). For this reason, the shaft rotating member 3c is not dropped downward in the vertical direction by the proximal end portion 2A of the intermediate member 2 in the axial direction, and is not extracted upward due to gravity and a frictional force unless a person intentionally pulls the member.

As described above, the first connecting process is finished.

After the first connecting process is finished, as shown in FIG. 5B, in the intermediate member 2, a surface of the insertion outer circumferential section 2c sandwiched between the drape rings 6C and 6A constitutes a first surface section S₁ continued into the surface 7a of the drape 7. In addition, the first surface section S₁ faces the shaft rotating member 3c of the surgical instrument driving unit 3 in the through-hole portion 3d.

In the intermediate member 2, surfaces of the proximal end portion 2A other than the drape ring 6D and the insertion outer circumferential section 2c of the proximal end side, an inner circumferential surface of the surgical instrument unit insertion hole 2d, and a surface of the shaft rotating member 3c of the distal end side other than the drape ring 6B of the tubular section 2B constitute a second surface section S₂ continued into the surface 7b of the drape 7.

As described above, in the present embodiment, the drape assembly 8 attached by insertion to the intermediate member 2 divides a surface region of intermediate member 2 into the first surface section S₁ and the second surface section S₂, which are two different regions.

Then, the surface 7a and the first surface section S₁ constitute a surface configured to cover the unclean area A_U. The surface 7b and the second surface section S₂ constitute a surface configured to cover the clean area A_C.

For this reason, after the first connecting process is finished, as the intermediate member 2 is mounted on the hole portions 7C and 7D, the unclean area A_U and the clean area A_C in communication with each other via the hole portions 7C and 7D are partitioned into two regions not in communication with each other, except for the outermost circumferential surface of the drape 7. Accordingly, as the drape 7 is formed to have substantially a large size to correspond to the surgical instrument driving unit 3 and the surgical instrument unit support section 101, the surgical instrument driving unit 3 and the surgical instrument unit support section 101 can be isolated from the unclean area A_U to be shielded from the clean area A_C.

Accordingly, this process is a process of engaging the hole portions 7C and 7D of the drape assembly 8 and the intermediate member 2 to form an assembly constituted by the drape assembly 8 and the intermediate member 2, positioning the surgical instrument driving unit 3 and surgical instrument support section 101 in the first space using the assembly as a boundary, and detachably connecting the intermediate member 2 and surgical instrument support section 101 in a side of the first space.

Next, the second connecting process is performed. This process is a process of connecting the clean treatment tool unit 1 to the intermediate member 2 in the second surface section S₂ of the intermediate member 2.

After the first connecting process is finished, the surgical instrument unit insertion hole 2d of the intermediate member

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2 is passed through in the state which does not communicate with the unclean area A_U in the unclean area A_U protruding in the clean area A_C and forms a clean area a_C (see FIG. 6) having a wide cylindrical shape constituting a part of the clean area A_C .

In this process, first, as shown in FIG. 6, the treatment tool unit 1 is held over the intermediate member 2 such that the surgical instrument 1a is directed downward. Here, the treatment tool unit 1, on which the sterilization treatment has been performed, is positioned in the clean area A_C over the surgical instrument driving unit 3.

Next, the shaft-shaped section 1B of the treatment tool unit 1 is inserted into the surgical instrument unit insertion hole 2d of the proximal end side (an upper side of FIG. 6) of the intermediate member 2 from a side of the surgical instrument 1a to pass the surgical instrument 1a to the distal end side. Here, the surgical instrument 1a and the shaft-shaped section 1B are moved to the clean area A_C under a side of the surgical instrument driving unit 3 from the clean area A_C over the surgical instrument driving unit 3 via the clean area a_C .

Then, as shown in FIG. 1, the connecting section 1A is connected to the proximal end portion 2A of the intermediate member 2. Here, the shaft-shaped section 1B is in contact with the surgical instrument unit insertion hole 2d, and slides and moves. However, since the sterilization treatment is performed on the surgical instrument unit insertion hole 2d, the treatment tool unit 1 is not contaminated by the intermediate member 2.

As described above, the second connecting process is finished.

Accordingly, this process is a process of detachably holding the intermediate member 2 and the treatment tool unit 1 in a side of a second space opposite to the first space using the assembly constituted by the drape assembly 8 and the intermediate member 2 as a boundary.

As described above, the operation support device 100 can be assembled.

In addition, in the operation support device 100, as the above-mentioned second connecting process is reversely performed, connection to the treatment tool unit 1 is released, the treatment tool unit 1 is extracted from an upper side (the proximal end side of the shaft rotating member 3c and the intermediate member 2) of the surgical instrument driving unit 3 and the intermediate member 2, and the treatment tool unit 1 can be removed from the surgical instrument driving unit 3 and the intermediate member 2.

As described above, in the present embodiment, the treatment tool unit 1 is connected from the upper side of the intermediate member 2. Since the treatment tool unit 1 is connected to the proximal end side by the proximal end portion 2A having a diameter larger than the surgical instrument unit insertion hole 2d, even when connection to the intermediate member 2 is released, the treatment tool unit 1 does not fall downward. For this reason, even in a state in which the surgical instrument driving unit 3 is positioned over the patient P, the treatment tool unit 1 can be easily attached and detached effectively using a space over the surgical instrument driving unit 3.

Next, a motion of the operation support device 100 will be described.

In the operation support device 100, the position and orientation of the linear driving moving section 101c are varied by the multi-joint arm 101b, and the surgical instrument driving unit 3 can be held in an appropriate orientation with respect to the patient P.

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In addition, in this orientation, as the linear driving moving section 101c is driven, the surgical instrument driving unit 3 can be performed linear driving movement. In the present embodiment, the surgical instrument driving unit 3 can be moved in a direction parallel to the central axis O_3 . For this reason, for example, as the surgical instrument 1a is positioned in a direction toward the patient P by the surgical instrument unit support section 101 to drive the linear driving moving section 101c, the surgical instrument 1a supported by the surgical instrument driving unit 3 can advance and retract with respect to the patient P.

Further, as the surgical instrument unit support section 101 is driven, the surgical instrument 1a can perform movement having multiple degrees of freedom on the patient P and the body cavity of the patient P. Accordingly, for example, when the surgical instrument 1a is a high frequency knife, as the surgical instrument 1a is relatively moved with respect to the patient P, the biological tissue can be excised.

In addition, the surgical instrument driving unit 3 transmits a rotary driving force of the motor 4 to the shaft rotating member 3c by the transmission mechanism 5. For this reason, the shaft rotating member 3c, the intermediate member 2 connected to the shaft rotating member 3c, and the treatment tool unit 1 connected to the intermediate member 2 can be rotatably driven about the central axis O_3 and the central axes O_2 and O_1 coaxial with the central axis O_3 .

For this reason, an angle about the central axis O_1 of the surgical instrument 1a is appropriately varied, and a direction of the surgical instrument 1a can be varied.

In addition, since the intermediate member 2 and the drape rings 6D, 6C, 6B and 6A are configured to be freely rotated about the axis O_1 upon this rotation, there is no influence on the drape assembly 8. Further, even when the drape rings 6D, 6C, 6B and 6A are rotated together with the intermediate member 2 due to the friction, the drape 7 formed of a soft material is accordingly deformed with almost no resistance against the rotation. For this reason, there is no obstacle to rotation and the task of the surgical instrument 1a.

According to the above-mentioned operation support device 100, the surgical instrument driving unit 3 and the surgical instrument unit support section 101, on which the sterilization treatment is not performed, are blocked by the drape assembly 8, and the surgical instrument driving unit 3 and the surgical instrument unit support section 101 can be isolated in the unclean area A_U not in communication with the clean area A_C . For this reason, even when the sterilization treatment is not performed, the operation support device 100 can be used in an operating room, or the like.

For this reason, as components of the surgical instrument driving unit 3 and the surgical instrument unit support section 101, movable parts, electric parts, or the like, on which the sterilization treatment cannot be easily performed or the sterilization treatment may be likely to cause deterioration, can be employed. For this reason, costs of the surgical instrument driving unit 3 and the surgical instrument unit support section 101 can be reduced, and lifespan thereof can be increased.

For example, the bearing 3b may not be an expensive bearing having high durability with respect to the sterilization treatment. In addition, there is no deterioration on the bearing 3b due to the sterilization treatment. For this reason, there is no need to frequently exchange the bearing 3b with a new one, and the surgical instrument driving unit 3 can be configured at a low cost.

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Further, in general, since a soft drape 7, which is disposal member in general, and an intermediate member for power transmission are separated from each other and the sterilization treatment can be repeatedly performed on the intermediate member, cost of the disposable parts is reduced.

In addition, as an example, in the surgical instrument driving unit 3, a configuration that the motor 4 and the transmission mechanism 5 are covered by the support section 3a having a box shape has been described. However, since there is no need to perform the sterilization treatment on the entire surgical instrument driving unit 3, there is no need to form the support section 3a in a box shape in order to protect the motor 4 or the transmission mechanism 5 from the sterilization treatment. For this reason, as the support section 3a, a plate-shaped member or a block-shaped member, by which the motor 4 or the transmission mechanism 5 is not covered, may be used.

In addition, according to the assembly method of the operation support device 100 of the present embodiment, in a state in which the treatment tool unit 1 is disposed in the clean area A_C , the treatment tool unit 1 can be attached to and detached from the intermediate member 2, on which the sterilization treatment has been performed, with no contact with the surgical instrument driving unit 3. For this reason, exchange of the treatment tool unit 1 in the operating room can be rapidly and easily performed.

For example, when a plurality of operations are performed in the operating room, there is a need to exchange the treatment tool unit 1 in accordance with a kind of operation or a patient P. However, since the surgical instrument driving unit 3 and the surgical instrument unit support section 101 are isolated in the clean area A_C and are not in contact with the treatment tool unit 1, the surgical instrument driving unit 3 and the surgical instrument unit support section 101 can be continuously used with no need to perform exchange or movement.

First Modified Example

Next, an operation support device according to a modified example (a first modified example) of the present embodiment will be described.

FIG. 7 is a schematic partial cross-sectional view showing a configuration of main parts of the operation support device according to the modified example (the first modified example) of the first embodiment of the present invention.

As shown in FIG. 7, an operation support device 110 according to the present modified example includes a drape assembly 18 (a shielding member), a surgical instrument driving unit 13 (a driving force supply unit), an intermediate member 12, and a treatment tool unit 11 (a surgical instrument unit), instead of the drape assembly 8, the surgical instrument driving unit 3, the intermediate member 2, and the treatment tool unit 1 included in the operation support device 100 according to the first embodiment, respectively.

The surgical instrument driving unit 13 includes a shaft rotating member 13c, instead of the shaft rotating member 3c included in the surgical instrument driving unit 3 according to the first embodiment.

In addition, the sterilization treatment is performed on the drape assembly 18, the intermediate member 12, and the treatment tool unit 11. The sterilization treatment is not performed on the surgical instrument driving unit 13.

Hereinafter, the first modified example will be described focusing on differences from the first embodiment.

The drape assembly 18 does not include the drape rings 6C and 6D, and the hole portion 7D of the drape assembly

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8 according to the first embodiment. For this reason, as hole portions, the drape assembly 18 has only the hole portion 7C.

In the shaft rotating member 13c, an opening of the proximal end portion 3f of the shaft rotating member 3c according to the first embodiment is closed. The shaft rotating member 13c is a cylindrical member having a bottom opened at the distal end portion 3e only. For this reason, instead of the through-hole portion 3d, an insertion hole portion 13d coaxial with the central axis O_3 is formed at a center portion of the distal end portion 3e.

The intermediate member 12 is a member configured to detachably connect the surgical instrument driving unit 13 and the treatment tool unit 11 and to transmit a driving force from the surgical instrument driving unit 13 to the treatment tool unit 11. In addition, the intermediate member 12 connects the treatment tool unit 11, on which the sterilization treatment has been performed, to the surgical instrument driving unit 3, on which the sterilization treatment is not performed, with no contact.

As shown in FIG. 7, the intermediate member 12 is a substantially tubular member about a central axis O_{12} . In the intermediate member 12, an insertion connecting section 12A and a distal end portion 12B are disposed from the proximal end side toward the distal end side.

The insertion connecting section 12A is a section detachably connecting the treatment tool unit 11 described later. In the present modified example, the insertion connecting section 12A is a section having a cylindrical appearance inserted into the insertion hole portion 13d of the shaft rotating member 13c from the distal end side (a lower side of FIG. 7). The insertion connecting section 12A includes an insertion outer circumferential section 12c formed at an outer circumferential section thereof and having a shape detachably fitted to the insertion hole portion 13d.

The insertion outer circumferential insertion section 12c and the insertion hole portion 13d are configured to be detachably attached to each other. The insertion outer circumferential insertion section 12c may be constituted by a connecting structure (not shown) configured to fix relative positions in the axial direction and the circumferential direction, for example, a snap fit, a magnet, or the like.

The distal end portion 12B is an annular section faces the distal end portion 3e of the shaft rotating member 3c in the distal end side of the insertion connecting section 12A connected to the shaft rotating member 13c.

A surgical instrument unit insertion hole 12d is formed in the center portion of the distal end portion 12B such that the proximal end portion of the treatment tool unit 11 is inserted and held in the center portion. In the present modified example, the surgical instrument unit insertion hole 12d is constituted by a hole portion coaxial with the central axis O_{12} of the insertion outer circumferential section 12c from the distal end side of the distal end portion 12B toward an inner side of the insertion connecting section 12A.

For this reason, the intermediate member 12 has a cylindrical shape having a bottom, in which the surgical instrument unit insertion hole 12d is opened at the distal end side and closed at the proximal end side.

A drape ring fixing section (not shown) configured to fix the drape rings 6A and 6B between the distal end portion 3e of the shaft rotating member 13c and the drape ring fixing section upon connection to the shaft rotating member 13c is formed at the proximal end side of the distal end portion 12B. As the drape ring fixing section, the same configuration as in the first embodiment may be employed.

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In addition, a connecting section (not shown) configured to detachably connect and fix positions in the axial direction and the circumferential direction of the treatment tool unit 11 inserted into the surgical instrument unit insertion hole 12d is formed at the distal end side of the distal end portion 12B. As the connecting section, for example, a collet chuck, or the like may be employed.

The treatment tool unit 11 is configured to have the surgical instrument 1a at the distal end thereof and configured to receive a driving force transmitted from the surgical instrument driving unit 13 via the intermediate member 12. The treatment tool unit 11 is detachably installed with respect to the intermediate member 12 in the axial direction.

The treatment tool unit 11 has substantially a shaft shape as a whole. A proximal end side insertion section 11A inserted into the surgical instrument unit insertion hole 12d of the intermediate member 12 is formed at the proximal end side of the treatment tool unit 11, and a shaft-shaped section 11B is installed between the proximal end side insertion section 11A and the surgical instrument 1a.

In the shaft-shaped section 11B, a connecting section (not shown) configured to fix positions with respect to the intermediate member 12 in the axial direction and the circumferential direction is installed at a position adjacent to the distal end portion 12B of the intermediate member 12 upon connection to the intermediate member 12.

The operation support device 110 having the above-mentioned configuration can be assembled in substantially the same manner as in the first embodiment.

That is, in a state in which the drape assembly 18 is previously formed, a driving force supply unit installation process, a shielding member disposition process, a first connecting process, and a second connecting process are sequentially performed. Hereinafter, the present modified example will be described focusing on differences from the first embodiment.

The driving force supply unit installation process according to the present modified example is a process of installing the surgical instrument driving unit 13, instead of the surgical instrument driving unit 3, at the surgical instrument unit support section 101, which is the same process as in the first embodiment.

The shielding member disposition process according to the present modified example is distinguished from the shielding member disposition process according to the first embodiment in that, since the hole portion 7D is not formed in the drape assembly 18, when the drape assembly 18 is moved toward the surgical instrument driving unit 13, the drape ring 6A is disposed adjacent to the distal end portion 3e of the shaft rotating member 13c, and a center of the hole portion 7C is substantially aligned with the central axis O₃.

The first connecting process according to the present modified example is a process of inserting the intermediate member 12 into the hole portion 7C of the drape assembly 18, attaching the intermediate member 12 to the drape assembly 18, and connecting the intermediate member 12 to the surgical instrument driving unit 13. After the intermediate member 12 is connected to the surgical instrument driving unit 13, the intermediate member 12 is set such that the first surface section of the intermediate member 12 is continued into the surface 7a of the drape assembly 18, the second surface section of the intermediate member 12 is continued into the surface 7b of the drape assembly 18, and the first surface section of the intermediate member 12 faces the surgical instrument driving unit 13.

In the present modified example, in a state in which the drape assembly 18 is disposed during the previous process,

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the insertion connecting section 12A of the intermediate member 12 directed upward is disposed under the hole portion 7C, and the intermediate member 12 is inserted into the hole portion 7C and the insertion hole portion 13d of the shaft rotating member 13c from the proximal end side.

Accordingly, as shown in FIG. 7, the drape rings 6A and 6B are fitted to the distal end side of the insertion connecting section 12A while facing the distal end portion 3e of the shaft rotating member 13c in the proximal end side of the distal end portion 12B.

In this state, the intermediate member 12 and the surgical instrument driving unit 13 are connected to each other, and the intermediate member 12 and the drape rings 6A and 6B are connected to each other.

As described above, the first connecting process according to the present modified example is finished.

After the above-mentioned first connecting process is finished, as shown in FIG. 7, in the intermediate member 12, a surface of the insertion outer circumferential section 12c of the proximal end side rather than the drape ring 6A constitutes a first surface section T₁ continued into the surface 7a of the drape 7. In addition, the first surface section T₁ faces the shaft rotating member 13c of the surgical instrument driving unit 13 in the insertion hole portion 13d.

In the intermediate member 12, the distal end portion 12B of the distal end side other than the drape ring 6A and an inner surface of the surgical instrument unit insertion hole 12d constitute a second surface section T₂ continued into the surface 7b of the drape 7.

In the present modified example, the drape assembly 18 attached by insertion to the intermediate member 12 divides a surface region of the intermediate member 12 into the first surface section T₁ and the second surface section T₂, which are two different regions.

Then, the surface 7a and the first surface section T₁ constitute a surface covering the unclean area A_U. The surface 7b and the second surface section T₂ constitute a surface covering the clean area A_C.

For this reason, similar to the first embodiment, the drape assembly 18 isolates the surgical instrument driving unit 13 and the surgical instrument unit support section 101 in the unclean area A_U, and shields the surgical instrument driving unit 13 and the surgical instrument unit support section 101 from the clean area A_C.

The second connecting process according to the present modified example is a process of connecting the treatment tool unit 11 to the intermediate member 12 in the second surface section T₂ of the intermediate member 12.

After the first connecting process is finished, the surgical instrument unit insertion hole 12d of the intermediate member 12 protrudes in a state not in communication with the unclean area A_U to constitute a part of the clean area A_C in the unclean area A_U protruding into the clean area A_C.

In this process, the treatment tool unit 11 is held under the intermediate member 12 such that the surgical instrument 1a is directed downward. Here, the treatment tool unit 11 in which the sterilization treatment is performed is disposed in the clean area A_C under the surgical instrument driving unit 13.

Next, the proximal end side insertion section 11A of the treatment tool unit 11 is inserted into the surgical instrument unit insertion hole 12d of the intermediate member 12. Then, in the distal end portion 12B, the proximal end side insertion section 11A of the treatment tool unit 11 is connected to the treatment tool unit 11 (see FIG. 7).

Here, the proximal end side insertion section 11A is in contact with the surgical instrument unit insertion hole 12d,

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and slides and moves. However, since the sterilization treatment is performed on the surgical instrument unit insertion hole 12d, the treatment tool unit 11 is not contaminated by the intermediate member 12.

As described above, the second connecting process is finished.

In this way, the operation support device 110 can be assembled.

According to the operation support device 110 as described above, similar to the first embodiment, the surgical instrument driving unit 13 and the surgical instrument unit support section 101, on which the sterilization treatment is not performed, are blocked by the drape assembly 18, and the surgical instrument driving unit 13 and the surgical instrument unit support section 101 can be isolated in the unclean area A_U not in contact with the clean area A_C. For this reason, even when the sterilization treatment is not performed, the operation support device 110 can be used in an operating room, or the like.

In addition, costs of the surgical instrument driving unit 13 and the surgical instrument unit support section 101 can be reduced, and lifespan thereof can be increased.

Further, according to the assembly method of the operation support device 110 according to the present modified example, in a state in which the treatment tool unit 11 is disposed in the clean area A_C, the treatment tool unit 11 can be detachably attached to the intermediate member 12, on which the sterilization treatment has been performed, with no contact with the surgical instrument driving unit 13. For this reason, exchange of the treatment tool unit 11 in the operating room can be rapidly and easily performed.

Second Embodiment

Next, the operation support device according to a second embodiment of the present invention will be described. The present embodiment is an embodiment of a case in which a force for driving a surgical instrument distal end of a treatment tool unit is transmitted from a surgical instrument driving unit via an intermediate member.

FIG. 8 is a schematic perspective view showing an appearance of main parts of an operation support device according to the second embodiment of the present invention. FIG. 9 is a schematic cross-sectional view of the main parts of the operation support device according to the second embodiment of the present invention upon connection in an axial direction. FIG. 10 is a schematic cross-sectional view of the main parts of the operation support device according to the second embodiment of the present invention upon disconnection in the axial direction. FIG. 11 is a schematic cross-sectional view of a surgical instrument unit drive unit and an intermediate member of the operation support device according to the second embodiment of the present invention upon connection in the axial direction. FIG. 12 is a schematic cross-sectional view showing a specific configuration of the operation support device according to the second embodiment of the present invention in the axial direction. FIG. 13 is a partially enlarged view showing a portion P of FIG. 12. FIG. 14 is a schematic cross-sectional view showing an engaged state of a shaft fixing member engaging section and a second shaft engaging section of the operation support device according to the second embodiment of the present invention in the axial direction. FIG. 15A is a schematic cross-sectional view showing a configuration of main parts of a surgical instrument unit and an intermediate member of the operation support device according to the second embodiment of the present inven-

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tion in the axial direction. FIG. 15B is a partially enlarged view of a portion Q of FIG. 15A.

An operation support device 120 according to the present embodiment includes a surgical instrument driving unit 23 (a driving force supply unit), an intermediate member 22, and a surgical instrument unit 21, instead of the surgical instrument driving unit 3, the intermediate member 2, and the treatment tool unit 1 included in the operation support device 100 according to the first embodiment as shown in FIG. 1, respectively.

In addition, the sterilization treatment is performed on the intermediate member 22 and the surgical instrument unit 21. Further, the sterilization treatment is not performed on the surgical instrument driving unit 23.

Hereinafter, the second embodiment will be described focusing on differences from the first embodiment.

As shown in FIG. 8, in the operation support device 120, the surgical instrument driving unit 23 and the intermediate member 22, the intermediate member 22 and the surgical instrument unit 21 are detachably connected to each other in the axial direction shown by an arrow D. Accordingly, the operation support device 120 has substantially a shaft-shaped appearance extending from the proximal end side to the distal end side as a whole.

Hereinafter, a schematic shape and a positional relation of respective components will be described, and then a connecting structure thereof will be described.

The surgical instrument driving unit 23 is configured to generate displacement or a force (hereinafter, simply referred to as "a driving force") for operating the surgical instrument unit 21 based on a control signal from a drive control unit (not shown) and transmitting the displacement or force to the surgical instrument unit 21. The driving force may be indirectly or directly transmitted. In the present embodiment, as will be described below, the driving force is indirectly transmitted via an intermediate shaft 22b of the intermediate member 22.

As shown in FIGS. 9 and 10, the surgical instrument driving unit 23 includes a surgical instrument driving unit support 23a. A motor unit 25, a linear driving conversion unit 24, and a driving force transmission shaft 23b are installed in the surgical instrument driving unit support 23a. Moreover, the surgical instrument driving unit 23 includes the motor 4 and the transmission mechanism 5, similar to the first embodiment.

In addition, FIGS. 9 and 10 are schematic views showing a simplified connection relation, and specific shapes are appropriately omitted or exaggerated. For example, an end portion of the driving force transmission shaft 23b is shown at a position aligned with a connection end portion C₃₂. However, in an actual connecting motion, as will be described below, an end portion of the driving force transmission shaft 23b protrudes toward a side of the intermediate member 22.

The surgical instrument driving unit support 23a includes a tubular section 23c having a through-hole portion 23d through which the intermediate member 22 can pass, a shaft rotating member 23A having an annular portion 23g projecting in the radial direction toward the proximal end side of the tubular section 23c, a side plate portion 23B configured to rotatably hold the shaft rotating member 23A via a bearing 35a in an outer circumferential section of the annular portion 23g, a side plate portion 23D configured to rotatably hold the shaft rotating member 23A via a bearing 35b in a distal end side of the tubular section 23c, and a housing 23C joined with an outer circumferential side of the

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side plate portions 23B and 23D and covering an outer circumferential side of the surgical instrument driving unit support 23a.

The bearings 35a and 35b in the side plate portions 23B and 23D define a rotation central axis of the shaft rotating member 23A, similar to the bearing 3b according to the first embodiment. Hereinafter, the rotation central axis is referred to as a central axis O_{23} .

In the surgical instrument driving unit support 23a, each of the linear driving conversion units 24 and the motor units 25 is fixed in the surgical instrument driving unit support 23a surrounded by the outer circumferential section of the shaft rotating member 23A, the side plate portions 23B and 23D, and the housing 23C.

The motor 4 is installed at the side plate portion 23D. The shaft rotating member 23A is configured to rotate about the central axis O_{23} via the driven pulley 5c fixed to the outer circumferential section of the tubular section 23c of the shaft rotating member 23A.

As shown in FIG. 10, the connection end portion C_{32} in contact with the intermediate member 22 upon connection is formed at the proximal end side of the annular portion 23g of the shaft rotating member 23A.

The motor unit 25 is a motor rotated based on a control signal from a drive control unit (not shown). An output shaft (not shown) is connected to the linear driving conversion unit 24. As a specific configuration of the motor unit 25, for example, a DC motor, or the like may be employed.

The linear driving conversion unit 24 is a member for converting a rotation output of the motor unit 25 into linear driving movement in a direction along the central axis O_{23} of the through-hole portion 23d. A configuration of the linear driving conversion unit 24 is not particularly limited as long as the rotation can be converted into the linear driving movement. As the linear driving conversion unit 24, for example, a lead screw mechanism, or the like may be used.

The driving force transmission shaft 23b is a shaft member linearly driven by the linear driving conversion unit 24. The driving force transmission shaft 23b is movably supported to a direction parallel to the central axis O_{23} at a position spaced apart from the central axis O_{23} in the radial direction in the surgical instrument driving unit support 23a.

In addition, the driving force transmission shaft 23b is disposed adjacent to the connection end portion C_{32} , and according to necessity, can protrude toward a side of the intermediate member 22 rather than the connection end portion C_{32} or retract toward a side of the surgical instrument driving unit 23. In the present embodiment, as shown in FIG. 12, the driving force transmission shaft 23b is connected in a state in which the end portion of the driving force transmission shaft 23b protrudes toward a side of the intermediate member 22.

While a shape of a cross-section perpendicular to the axial direction of the driving force transmission shaft 23b is not particularly limited, for example, a rectangular cross-section can be used.

Each number of the driving force transmission shafts 23b, the linear driving conversion units 24, and the motor units 25 can be set to an appropriate number of one or more in accordance with the number of drive inputs necessary for driving of the surgical instrument unit 21.

Hereinafter, as shown in FIG. 10, as an example, a case in which pairs of the driving force transmission shafts 23b, the linear driving conversion units 24, and the motor units 25 having the same configuration and having a positional relation in which the pairs of the driving force transmission shafts 23b, the linear driving conversion units 24, and the

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motor units 25 are symmetrical with respect to the central axis O_{23} are provided will be described.

For this reason, in the respective drawings, when the members having the same shape are clearly installed symmetrically with respect to a central axis such as the central axis O_{23} , for the convenience of illustration, reference numerals of one side may be omitted, or reference numerals included in one member may be divided to designate two members that are symmetrical with respect to each other.

The intermediate member 22 is a member configured to detachably connect the surgical instrument driving unit 23 and the surgical instrument unit 21 and to transmit a driving force from the surgical instrument driving unit 23 toward a side of the surgical instrument unit 21. In addition, the intermediate member 22 connects the surgical instrument unit 21, on which the sterilization treatment has been performed, to the surgical instrument driving unit 23, on which the sterilization treatment is not performed, with no contact.

As shown in FIG. 10, the intermediate member 22 is a substantially tubular member in which a central axis O_{22} is a central axis. The intermediate member 22 includes an intermediate member support 22a (a first support) having a connecting section 22A and a tubular section 22B disposed from the proximal end side to the distal end side, and the intermediate shafts 22b (intermediate shaft sections, first shaft sections) in which the number thereof is same as the number of the driving force transmission shafts 23b, which are detachably engaged with the respective driving force transmission shafts 23b of the surgical instrument driving unit 23 and receive driving forces from the respective driving force transmission shafts 23b to transmit the driving forces toward the surgical instrument unit 21 upon engagement.

The connecting section 22A is a support section spread in an annular region sandwiched between a connection end portion C_{23} in contact with the connection end portion C_{32} of the surgical instrument driving unit 23 in the axial direction upon connection, and a connection end portion C_{21} formed at the proximal end portion opposite to the connection end portion C_{23} and in contact with the surgical instrument unit 21 in the axial direction upon connection.

A guide groove 22g configured to position and hold the respective intermediate shafts 22b at positions in the circumferential direction and the radial direction, and to slidably hold them in the axial direction is formed in the connecting section 22A. The guide groove 22g is formed to penetrate from the connection end portion C_{23} toward the connection end portion C_{21} .

The respective intermediate shafts 22b can be positioned to face the respective intermediate shafts 22b of the surgical instrument unit 21 and also to face the respective driving force transmission shafts 23b of the surgical instrument driving unit 23 by the guide groove 22g upon connection.

In addition, while not shown, in order to perform the positioning in the circumferential direction of the intermediate member 22 with respect to the surgical instrument driving unit 23 and the surgical instrument unit 21, an appropriate positioning section is formed in the connecting section 22A.

The tubular section 22B is a tubular support section inserted into and passing through the through-hole portion 23d of the surgical instrument driving unit support 23a. The tubular section 22B includes an insertion outer circumferential section 22c having a shape fitted into the through-hole portion 23d.

A surgical instrument unit insertion hole 22d into which the surgical instrument unit 21 can be inserted is formed to

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pass through a center portion of the connecting section 22A and the tubular section 22B in the axial direction.

A shape of a cross-section perpendicular to the axial direction of the intermediate shaft 22b is not particularly limited. In the present embodiment, as an example, a rectangular cross-section having two sides facing each other in the radial direction of the intermediate member 22 is employed.

As shown in FIG. 9, a support attachment/detachment mechanism unit 32B detachably engaged with the intermediate member support 22a and the surgical instrument driving unit support 23a, and a shaft attachment/detachment mechanism unit 32A detachably engaged with the intermediate shaft 22b and the driving force transmission shaft 23b are installed between the intermediate member 22 and the surgical instrument driving unit 23.

In the present embodiment, as shown in FIG. 12, in the support attachment/detachment mechanism unit 32B, a configuration in which in a state in which the intermediate member support 22a abuts the proximal end portion of the shaft rotating member 23A, they are engaged with an engaging section (not shown) to be fixed by a well-known fixing ring 34 is employed.

However, when the engagement by the fixing ring 34 is fixed, the drape rings 6C and 6D of the drape assembly 8 are fitted onto the outer circumferential section of the end portion of the distal end side of the intermediate member support 22a, and engagement is fixed in a state in which the drape rings 6C and 6D are interposed between the surgical instrument driving unit 23 and the outer circumferential section.

In addition, the drape rings 6A and 6B of the drape assembly 8 are fixed to the distal end side of the tubular section 22B of the intermediate member 22.

For this reason, as shown in FIG. 11, even in the intermediate member 22, similar to the first embodiment, a surface of the outer circumferential insertion section 22c sandwiched between the drape rings 6D and 6A constitutes the first surface section S₁ continued into the surface 7a of the drape 7. For this reason, upon connection, the first surface section S₁ fronts the shaft rotating member 23A in the through-hole portion 23d.

In the intermediate member 22, surfaces of the connecting section 22A and the outer circumferential insertion section 22c of the proximal end side other than the drape ring 6D, an inner circumferential surface of the surgical instrument unit insertion hole 22d, and a surface of the tubular section 22B of the distal end side other than the drape ring 6B constitute the second surface section S₂ continued into the surface 7b of the drape 7.

That is, in the operation support device 120, the surgical instrument driving unit 23 is disposed in the unclean area A_U covered by the surface 7a of one side of the drape 7. In addition, the surgical instrument unit 21 fronts the surface 7b which is a rear face of the surface 7a, and is disposed in the clean area A_C, spaced apart from the unclean area A_U using the drape 7 and the intermediate member 22 as a boundary.

In the present embodiment, as shown in FIG. 12, the shaft attachment/detachment mechanism unit 32A is constituted by a shaft engaging section 23e and a shaft engaging section 22e.

The shaft engaging section 23e is formed at the end portion of the driving force transmission shaft 23b constituting the proximal end side in the surgical instrument driving unit 23.

The shaft engaging section 22e is formed at the end portion of the intermediate shaft 22b constituting the distal

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end side in the intermediate member 22, and configured to be detachably engaged with the shaft engaging section 23e.

As the shaft engaging sections 23e and 22e, a well-known configuration constituted by concave and convex sections detachably engaged with each other may be appropriately employed.

As shown in FIG. 10, the surgical instrument unit 21 has an operating unit 21c, which is a surgical instrument configured to manipulate a manipulated subject at the distal end side. The surgical instrument unit 21 is configured to drive the operating unit 21c by the driving force transmitted from the surgical instrument driving unit 23 via the intermediate member 22 to manipulate the manipulation subject. The surgical instrument unit 21 is detachably installed with respect to the intermediate member 22 in the axial direction.

The operating unit 21c of the surgical instrument unit 21 can use an appropriate configuration as long as the operating unit can be moved by one or more driving forces in one axial direction. For example, as the operating unit of the surgical instrument unit, a configuration such as forceps constituted by two forceps pieces, a joint for changing a direction of the forceps, a stapler, and a curved section of an endoscope that can be curved in one or two directions or the like may be used.

As shown in FIG. 10, the surgical instrument unit 21 has substantially a shaft shape as a whole. The surgical instrument unit 21 includes a surgical instrument unit support 21a (a second support) connected to the intermediate member 22, and the driving force transmission members 21b in which the number thereof is same as the number of the intermediate shafts 22b, which are detachably engaged with the intermediate shafts 22b of the intermediate member 22 and receiving driving forces from the intermediate shafts 22b to transmit the driving forces toward a side of the operating unit 21c upon engagement.

The surgical instrument unit support 21a has a connection end portion C₁₂ in contact with the connection end portion C₂₁ of the intermediate member 22 upon connection. A box-shaped section 21e movably supporting a part of the driving force transmission member 21b in the same direction as the moving direction of the intermediate shaft 22b upon connection and a tubular section 21d extending toward the distal end side coaxial with a central axis O₂₁ of the box-shaped section 21e are formed in the surgical instrument unit support 21a.

A guide groove 21g slidably holding one end portion of the respective driving force transmission members 21b in the axial direction is formed in the connection end portion C₁₂ side of the box-shaped section 21e.

The respective driving force transmission members 21b are positioned at positions in the circumferential direction and radial direction that can face the intermediate shafts 22b of the intermediate member 22 upon connection by the guide groove 21g.

The tubular section 21d has an outer diameter such that the tubular section 21d can be inserted into the surgical instrument unit insertion hole 22d of the intermediate member 22 and a length larger than the surgical instrument unit insertion hole 22d. The operating unit 21c is connected to the distal end portion of the tubular section 21d.

The driving force transmission member 21b is a shaft-shaped member having a shape which is curved in substantially J shape. The driving force transmission member 21b includes an input side transmission shaft section 21A (a surgical instrument unit shaft section, a second shaft section), a connecting section 21B, and an output side transmission shaft section 21C.

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The input side transmission shaft section **21A** is installed so as to be able to engage with the intermediate shaft **22b**. The input side transmission shaft section **21A** is a shaft section configured to receive a driving force from the intermediate shaft **22b** upon engagement with the intermediate shaft **22b**. The input side transmission shaft section **21A** is movably held in the axial direction parallel to the central axis O_{21} by the guide groove **21g** of the box-shaped section **21e**.

A shape of a cross-section perpendicular to the axial direction of the input side transmission shaft section **21A** is not particularly limited. In the present embodiment, as an example, a rectangular cross-section having two sides facing each other in the radial direction of the surgical instrument unit **21** is used.

The connecting section **21B** is a section formed from the end portion of the proximal end side of the input side transmission shaft section **21A** toward the central axis O_{21} . The connecting section **21B** connects the end portion of the proximal end side of the output side transmission shaft section **21C** to the end portion of the proximal end side of the input side transmission shaft section **21A**.

In the present embodiment, as shown in FIG. **12** (not shown in FIGS. **9** and **10**), a step-shaped protrusion section **21m** protruding outward in the radial direction is formed at the proximal end side of the connecting section **21B**. An engaging concave section **21j** (a second shaft engaging section) engaged with an engaging protrusion **29c** of a rod-shaped portion **29C** described later is formed at the end portion in the radial direction of the step-shaped protrusion section **21m**.

The output side transmission shaft section **21C** is a shaft section extending from the connecting section **21B** toward the distal end side of the surgical instrument unit **21** in an orientation parallel to the central axis O_{21} . The output side transmission shaft section **21C** is housed in the box-shaped section **21e** and the tubular section **21d**, and the distal end portion thereof is connected to the operating unit **21c**.

As the output side transmission shaft section **21C**, an appropriate member that can manipulate the operating unit **21c**, for example, a rod, a wire, or the like, may be used. When the operating unit **21c** is a curved section of an endoscope, or the like, as the output side transmission shaft section **21C**, a shaft section having flexibility and can be curved may be used.

The driving force transmission member **21b** can be formed by appropriately joining a plurality of members formed of separate materials appropriate for the input side transmission shaft section **21A**, the connecting section **21B**, and the output side transmission shaft section **21C**, respectively. Meanwhile, the driving force transmission member **21b** may be integrally formed.

As shown in FIG. **9**, a shaft attachment/detachment mechanism unit **31A** configured to detachably engage the input side transmission shaft section **21A** and the intermediate shaft **22b**, and a support attachment/detachment mechanism unit **31B** configured to detachably engage the surgical instrument unit support **21a** and the intermediate member support **22a** are installed between the surgical instrument unit **21** and the intermediate member **22**.

Here, the shaft attachment/detachment mechanism units **31A** are installed in which the number of the shaft attachment/detachment mechanism units is same as the number of the input side transmission shaft sections **21A** and the intermediate shafts **22b** are installed. The shaft attachment/detachment mechanism units **31A** are configured by members having the same configuration.

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In addition, the support attachment/detachment mechanism unit **31B** may be installed at least one place. The support attachment/detachment mechanism unit **31B** is preferably formed at a plurality of places spaced apart from each other in the circumferential direction. Hereinafter, as an example, a case in which a pair of support attachment/detachment mechanism units **31B** are installed to face each other with the central axes O_{21} and O_{22} interposed therebetween will be described.

In addition, since FIGS. **9** and **10** are schematic views, the support attachment/detachment mechanism unit **31B** and the shaft attachment/detachment mechanism unit **31A** are shown on the same cross-section. However, in actuality, in order to avoid interference with each other, the support attachment/detachment mechanism unit **31B** and the shaft attachment/detachment mechanism unit **31A** are formed on different cross-sections. However, if disposition is possible, the support attachment/detachment mechanism unit **31B** and the shaft attachment/detachment mechanism unit **31A** may be disposed on the same cross-section.

In the present embodiment, as shown in FIG. **12**, the shaft attachment/detachment mechanism unit **31A** includes an engaging concave section **21f** (a first shaft engaging section), a hook portion **33** (a shaft connecting member), and an attachment/detachment ring **29** (a shaft fixing member, support fixing member).

The engaging concave section **21f** is a shaft engaging section for engaging the input side transmission shaft section **21A** with the intermediate shaft **22b**. As shown in FIG. **13**, the engaging concave section **21f** is installed at an outer circumferential side surface **21h** outside in the radial direction (an upper side of FIG. **13**) in the distal end side (a right side of FIG. **13**) of the input side transmission shaft section **21A**. In the present embodiment, the engaging concave section **21f** has a cross-section with a V-shaped groove in the axial direction.

In the present embodiment, the engaging concave section **21f** is formed at a position such that a distal end surface **21i** of the input side transmission shaft section **21A** upon engagement of the hook portion **33** described later abuts a proximal end surface **22i** of the intermediate shaft **22b** in the axial direction. However, when there is no obstacle to transmission of the driving force due to a shape or strength of the hook portion **33**, the engaging concave section **21f** may be formed at a position for engagement in a state in which the distal end surface **21i** and the proximal end surface **22i** are spaced apart from each other.

The hook portion **33** is a rod-shaped member having a width (a width in a depth direction of FIG. **13**) which is substantially the same as the width of the intermediate shaft **22b** and the input side transmission shaft section **21A**. One end side of the hook portion **33** is turnably fixed to the proximal end portion of the intermediate shaft **22b** via a hinge portion **33d**. The hook portion **33** is disposed on an outer circumferential side surface **22h** outside in the radial direction of the intermediate shaft **22b**.

However, a turning range of the hook portion **33** may be set to a small angular range such that an engaging protrusion **33a** described later is moved to a position which is substantially the same as the outer circumferential side surface **22h**.

In addition, the hinge portion **33d** may be configured to bias the hook portion **33** including, for example, an elastic member or a spring, in a direction to be in close contact with the outer circumferential side surface **22h**.

Further, the hook portion **33** has a length such that the other end portion protrudes toward the proximal end side rather than the proximal end surface **22i** of the intermediate

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shaft 22*b* in an orientation parallel to the intermediate shaft 22*b* as shown in FIG. 13. In the other end portion, the engaging protrusion 33*a* (the shaft connection engaging section) having a mount shape cross-section engaged with the engaging concave section 21*f* is formed inside in the radial direction.

The engaging protrusion 33*a* is formed at a position such that the distal end surface 21*i* of the input side transmission shaft section 21*A* abuts the proximal end surface 22*i* of the intermediate shaft 22*b*, and the outer circumferential side surfaces 21*h* and 22*h* are perfectly engaged with the engaging concave section 21*f* in a state in which the outer side surfaces are aligned with each other.

In addition, a thickness of an intermediate section, other than the engaging protrusion 33*a* and the hinge portion 33*d* in the hook portion 33, is set to h_1 . For this reason, in the engagement state shown in FIG. 13, an outer circumferential surface 33*b* of the hook portion 33 configures a flat surface protruding outward in the radial direction by the height h_1 from the outer circumferential side surfaces 21*h* and 22*h*.

Further, a taper 33*c* inclined from one end side of the outer circumferential surface 33*b* toward the other end is formed at a rear side of the engaging protrusion 33*a* in the other end side of the engaging protrusion 33*a*.

The attachment/detachment ring 29 includes an outer circumferential ring section 29*B* movably supported on the outer circumferential section of the box-shaped section 21*e* in the axial direction, an inner circumference pressing section 29*A* (a shaft fixing member) movably supported in the box-shaped section 21*e* in the axial direction, and a connecting section 29*D* configured to connect the outer circumferential ring section 29*B* and the inner circumference pressing section 29*A* in the radial direction to interlock movement thereof.

The connecting section 29*D* is inserted into a through-hole (not shown) in a housing section constituting the outer circumferential section of the box-shaped section 21*e*.

The inner circumferential surface of the inner circumference pressing section 29*A* is configured to have a size so as to be able to cover at least the hook portion 33 in the circumferential direction. A position restricting surface 29*a* spaced apart outward in the radial direction by H_1 with respect to the outer circumferential side surface 21*h* is formed at the inner circumferential surface of the inner circumference pressing section 29*A*. A length in the axial direction of the position restricting surface 29*a* is set to be larger than a length of an allowable moving amount of the input side transmission shaft section 21*A* in use of the surgical instrument unit 21 added to the length of the hook portion 33.

A height H_1 of the position restricting surface 29*a* is set to a dimension such that the hook portion 33 is sandwiched between the outer circumferential side surfaces 21*h* and 22*h* and the position restricting surface 29*a* in a state in which engagement between the engaging concave section 21*f* and the engaging protrusion 33*a* is maintained, and the hook portion 33 is slidable in the axial direction. In the present embodiment, the height H_1 of the position restricting surface 29*a* is a dimension in which a margin with respect to a manufacturing error or an assembly error of the hook portion 33 and the inner circumference pressing section 29*A* is added to h_1 , and is set such that the hook portion 33 is sandwiched therebetween with almost no gap.

In addition, the inner circumference pressing section 29*A* can move in the axial direction between a shaft engagement fixing position of the distal end side in which the inner circumference pressing section 29*A* moves upon connection

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to fix the engagement state between the engaging concave section 21*f* and the hook portion 33, and a released position, which is a position of the lowermost proximal end side in which the inner circumference pressing section 29*A* moves upon disconnection.

The inner circumference pressing section 29*A* at the shaft engagement fixing position is shown in FIG. 12. In addition, the inner circumference pressing section 29*A* at the released position is shown in FIG. 14.

The rod-shaped portion 29*C* having the engaging protrusion 29*c* (the shaft fixing member engaging section) detachably engaged with the engaging concave section 21*j* of the connecting section 21*B* is formed at the end portion of the proximal end side of the inner circumference pressing section 29*A* such that further extending toward the proximal end side.

The rod-shaped portion 29*C* is a section having elasticity to enable elastic deformation in the radial direction. An inner circumferential side surface 29*d* inside in the radial direction is aligned to the same height as the step-shaped protrusion section 21*m* of the connecting section 21*B*.

For this reason, when the inner circumference pressing section 29*A* is moved to the proximal end side, the engaging protrusion 29*c* abuts the step-shaped protrusion section 21*m*, and the connecting section 21*B* is pressed against the proximal end side. Accordingly, the connecting section 21*B* is moved together with the rod-shaped portion 29*C* to the proximal end side to some extent. However, as shown in FIG. 14, when the connecting section 21*B* arrives at a moving limit of the proximal end side, as the rod-shaped portion 29*C* is bent outward in the radial direction, the engaging concave section 21*j* is engaged with the engaging protrusion 29*c*.

A length of the rod-shaped portion 29*C* is a length such that, in a state in which the engaging protrusion 29*c* and the engaging concave section 21*j* are engaged with each other, the position restricting surface 29*a* is released to the proximal end side rather than the engaging concave section 21*f*, and an outside in the radial direction of the engaging concave section 21*f* is opened.

In addition, the attachment/detachment ring 29 of the present embodiment includes an inner circumference pressing section 29*E* constituting a part of the support attachment/detachment mechanism unit 31*B* as shown in FIG. 15*A* in a cross-section having different positions in the circumferential direction from FIG. 13. The inner circumference pressing section 29*E* will be described below in detail.

In the present embodiment, as shown in FIGS. 15*A* and 15*B*, the support attachment/detachment mechanism unit 31*B* includes an engaging concave section 21*s* (a support engaging section), a hook portion 36 (a support connecting member), and the inner circumference pressing section 29*E* (a support fixing member).

In addition, the support attachment/detachment mechanism unit 31*B* may be disposed on the same cross-section as the cross-section in which the shaft attachment/detachment mechanism unit 31*A* is installed. In the present embodiment, the support attachment/detachment mechanism unit 31*B* is disposed on a cross-section different from the cross-section in which the shaft attachment/detachment mechanism unit 31*A* is installed, for example, a cross-section in which an angle is moved in the circumferential direction is moved.

The engaging concave section 21*s* is a support engaging section configured to engage the intermediate member support 22*a* with the surgical instrument unit support 21*a*. As shown in FIG. 15*B*, the engaging concave section 21*s* is formed on a step-shaped section 21*q* installed to extend in

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the axial direction toward a bottom portion of a groove section **21n** formed at the distal end side of the surgical instrument unit support **21a**. In the present embodiment, the engaging concave section **21s** is configured by a groove section having a V-shaped cross-section in the axial direction.

An insertion guide section **21p** installed parallel to the central axis O_1 to guide movement in the axial direction of an insertion section **22m** protruding toward the proximal end portion of the intermediate member support **22a** is formed at the distal end side of the step-shaped section **21q**.

A thickness in the radial direction of the insertion section **22m** is equal to a height of the step-shaped section **21q** from the insertion guide section **21p**. For this reason, an outer circumferential side surface **22k** of the insertion section **22m** and an upper surface **21r** of the step-shaped section **21q** are aligned in the engagement state as shown in FIG. 15B.

In the present embodiment, the engaging concave section **21s** is formed at a position such that a distal end surface **21t** of the step-shaped section **21q** abuts a proximal end surface **22j** of the insertion section **22m** of the intermediate member support **22a** upon engagement of the hook portion **36** be described later in the axial direction. However, when there is no obstacle to engagement force due to a shape or strength of the hook portion **36**, the engaging concave section **21s** may be formed at a position such that the distal end surface **21t** and the proximal end surface **22j** are spaced apart from each other.

The hook portion **36** is a rod-shaped member having a width (a width in the depth direction of FIG. 15B) such that the hook portion **36** can be engaged with the engaging concave section **21s**. One end side of the hook portion **36** is turnably fixed to the insertion section **22m** of the intermediate member support **22a** via a hinge portion **36d**. The hook portion **36** is disposed on the outer circumferential side surface **22k** of the insertion section **22m**. However, a turning range of the hook portion **36** is preferably set to a small angular range such that an engaging protrusion **36a** described later is moved to the same position as the outer circumferential side surface **22k**.

In addition, the hinge portion **36d** may be configured so as to include, for example, an elastic member or a spring, and to bias the hook portion **36** in a direction to be in close contact with the outer circumferential side surface **22k**.

Further, the hook portion **36** has a length such that the other end portion protrudes toward the proximal end side rather than the proximal end surface **22j** in an orientation parallel to the insertion section **22m** as shown in FIG. 15B. The engaging protrusion **36a** (the support connection engaging section) having a mount shape cross-section engaged with the engaging concave section **21s** is formed at the other end portion inside in the radial direction.

The engaging protrusion **36a** is formed at a position such that the distal end surface **21t** abuts the proximal end surface **22j**, and in a state in which the upper surface **21r** is aligned with the outer circumferential side surface **22k**, the engaging protrusion **36a** can be perfectly engaged with the engaging concave section **21f**.

In addition, a thickness of an intermediate section, other than the engaging protrusion **36a** and the hinge portion **36d** in the hook portion **36**, is set to h_2 . For this reason, in the engagement state shown in FIG. 15B, an outer circumferential surface **36b** of the hook portion **36** constitutes a flat surface protruding outward in the radial direction by the height h_2 from the upper surface **21r** and the outer circumferential side surface **22k**.

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Further, a taper **36c** inclined from one end side of the outer circumferential surface **36b** toward the other end is formed at a rear side of the engaging protrusion **36a** in the other end side of the engaging protrusion **36a**.

The inner circumferential surface of the inner circumference pressing section **29E** is configured to have a size to cover at least the hook portion **36** in the circumferential direction. A position restricting surface **29b** spaced apart from the upper surface **21r** outward in the radial direction by H_2 is formed at the inner circumferential surface of the inner circumference pressing section **29E**. A length in the axial direction of the position restricting surface **29b** is set to a length such that the hook portion **36** is pressed in the radial direction from the outside when the attachment/detachment ring **29** is moved to the shaft engagement fixing position.

The hook portion **36** is not moved in the axial direction when the engagement state is fixed. For this reason, a length in the axial direction of the position restricting surface **29b** may be set to a dimension smaller than the entire length of the hook portion **36**.

The height H_2 of the position restricting surface **29b** is set to a dimension such that the hook portion **36** is sandwiched between the upper surface **21r**, the outer circumferential side surface **22k** and the position restricting surface **29b** in a state in which engagement between the engaging concave section **21s** and the engaging protrusion **36a** is maintained, and the hook portion **36** is slidable in the axial direction. In the present embodiment, the height H_2 of the position restricting surface **29b** is a dimension in which a margin with respect to a manufacturing error or an assembly error of the hook portion **36** and the inner circumference pressing section **29E** is added to h_2 , and the hook portion **36** is sandwiched therebetween with almost no gap.

As described above, the support attachment/detachment mechanism unit **31B** of the present embodiment has a configuration housed in the groove section **21n** upon mounting. For this reason, an example in which the support attachment/detachment mechanism unit **31B** according to the present embodiment is installed in the surgical instrument unit support **21a** and the intermediate member support **22a** will be described.

Next, an action of the operation support device **120** having the above-mentioned configuration will be described focusing on an assembly method and an attachment/detachment method.

FIGS. 16A, 16B, 16C and 16D are schematic views for describing an engagement motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention. FIGS. 17A and 17B are schematic views for describing a motion of the intermediate shaft section and the surgical instrument unit shaft section of the operation support device according to the second embodiment of the present invention upon engagement. FIGS. 18A, 18B, 18C and 18D are schematic views for describing an engagement motion of the intermediate member support and the surgical instrument unit support of the operation support device according to the second embodiment of the present invention.

The surgical instrument driving unit **23**, the intermediate member **22**, and the surgical instrument unit **21** of the operation support device **120** are different from the first embodiment in that, after connection thereof, the rotary driving force about the central axis O_{23} is transmitted by the surgical instrument driving unit **23**, and further, the linear driving force by the respective motor units **25** and the

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respective linear driving conversion units **24** is transmitted to the surgical instrument unit **21** to drive the operating unit **21c**.

For this reason, in connection of the surgical instrument driving unit **23**, the intermediate member **22**, and the surgical instrument unit **21**, in addition to connection of the respective supports, connection of the driving force transmission shaft **23b**, the intermediate shaft **22b** and the input side transmission shaft section **21A** is needed.

However, in the present embodiment, in particular, upon connection of the intermediate member **22** and the surgical instrument unit **21**, since the shaft attachment/detachment mechanism unit **31A** and the support attachment/detachment mechanism unit **31B** are used, the assembly can be performed similar to the first embodiment in which only the support is connected.

Hereinafter, the second embodiment will be described focusing on differences from the first embodiment.

In assembly of the operation support device **120**, the drape assembly **8** is previously formed. After that, a driving force supply unit installation process, a shielding member disposition process, a first connecting process, and a second connecting process are sequentially performed. Among these, descriptions of the driving force supply unit installation process and the shielding member disposition process will be omitted, because only members of an assembly subject are different and these processes can be easily understood.

In the first connecting process according to the present embodiment, a connecting body of the surgical instrument driving unit **23** and the intermediate member **22** is formed.

Since the connection state of the surgical instrument driving unit **23** and the intermediate member **22** is not released in principal during the operation once the surgical instrument driving unit **23** and the intermediate member **22** are connected to each other, even when attachment/detachment is time-consuming, time loss during the operation does not occur. For this reason, a well-known mechanism (see FIG. 9) is used in the shaft attachment/detachment mechanism unit **32A** and the support attachment/detachment mechanism unit **32B** according to the present embodiment.

In the shaft attachment/detachment mechanism unit **32A** and the support attachment/detachment mechanism unit **32B**, first, in a state in which each of the driving force transmission shafts **23b** protrudes from the connection end portion C_{32} of the surgical instrument driving unit **23**, the intermediate member **22** is inserted into the through-hole portion **23d** of the surgical instrument driving unit **23** from the proximal end side. Then, the shaft engaging section **22e** and the shaft engaging section **23e** are engaged with each other, and the connection end portion C_{23} abuts the connection end portion C_{32} . Here, the drape rings **6C** and **6D** are fitted to the proximal end side of the intermediate member support **22a** of the intermediate member **22**.

Next, the intermediate member support **22a** and the surgical instrument driving unit support **23a** are engaged and fixed using the fixing ring **34**.

Accordingly, the distal end portion of the tubular section **22B** of the intermediate member **22** is exposed to the distal end side of the surgical instrument driving unit **23**. For this reason, the drape rings **6A** and **6B** are fitted onto and fixed to an outer circumference of the distal end portion of the tubular section **22B**.

As described above, when the intermediate member **22** is connected to the surgical instrument driving unit **23**, as shown in FIG. 11, the surgical instrument driving unit **23** is surrounded by the surface **7a** of the drape **7**. Then, the

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unclean area A_U and the clean area A_C are partitioned using the drape **7** and the intermediate member **22** as a boundary. The inside of the surgical instrument unit insertion hole **22d** becomes the clean area A_C .

Next, the second connecting process is performed.

In this process, the operating unit **21c** and the tubular section **21d** of the surgical instrument unit **21** are inserted from the proximal end side of the surgical instrument unit insertion hole **22d** of the intermediate member **22** connected to the surgical instrument driving unit **23**, and a connecting body in which the surgical instrument unit **21** is connected to the intermediate member **22** is formed.

In the present embodiment, connection between the supports and connection between the shaft sections can be performed in parallel by the shaft attachment/detachment mechanism unit **31A** and the support attachment/detachment mechanism unit **31B** moving in the axial direction.

Hereinafter, first, the attachment/detachment method of the shaft attachment/detachment mechanism unit **31A** and the support attachment/detachment mechanism unit **31B** will be partially described. After that, the entire attachment/detachment motion will be described.

An attachment/detachment motion of the shaft attachment/detachment mechanism unit **31A** will be described with the attachment/detachment method thereof.

In the present method, a shaft engagement process and a shaft engagement fixing process are sequentially performed upon mounting. The shaft engagement fixing release process and a shaft disengagement process are sequentially performed upon dismounting.

The shaft engagement process is a process of engaging the engaging concave section **21f** with the engaging protrusion **33a** by causing the intermediate member support **22a**, which is a first support, and the surgical instrument unit support **21a**, which is a second support, to approach each other in a moving direction of the intermediate shaft **22b** and the input side transmission shaft section **21A**.

The intermediate member support **22a** and the surgical instrument unit support **21a** have a positioning section (not shown) configured to perform positioning in the circumferential direction. For this reason, the surgical instrument unit support **21a** is inserted into the intermediate member support **22a** to correspond to the positioning section. Accordingly, as shown in FIG. 16A, the proximal end surface **22i** of each of the intermediate shafts **22b** and the distal end surface **21i** of each of the driving force transmission members **21b** approach each other in a state in which the proximal end surface **22i** of each of the intermediate shafts **22b** and the distal end surface **21i** of each of the driving force transmission members **21b** are faced each other.

Here, the inner circumference pressing section **29A** of the attachment/detachment ring **29** is moved with the surgical instrument unit support **21a** in a state in which the inner circumference pressing section **29A** is disposed at a released position in the surgical instrument unit **21**. For this reason, an upper section of the engaging concave section **21f** is opened.

As shown in FIG. 16B, when a distance between the distal end surface **21i** and the proximal end surface **22i** is reduced, the distal end portion of the input side transmission shaft section **21A** abuts the engaging protrusion **33a** of the hook portion **33** to rotate the hook portion **33**. Further, when the distance between the distal end surface **21i** and the proximal end surface **22i** is reduced, the engaging protrusion **33a** advances a state in which it is riding on the outer circumferential side surface **21h**.

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As shown in FIG. 16C, when the engaging protrusion 33a is disposed on the engaging concave section 21f, the engaging protrusion 33a enters into the engaging concave section 21f. Then, the engaging protrusion 33a is engaged with the engaging concave section 21f.

As described above, the shaft engagement process is finished.

In addition, in this process, the engaging protrusion 33a is preferably inserted perfectly into the engaging concave section 21f and engaged therewith. Further, a portion of the engaging protrusion 33a may enter the inside of the engaging concave section 21f. In the present embodiment, a case in which a portion of the engaging protrusion 33a enters the inside of the engaging concave section 21f is shown. That is, in this process, when the engaging concave section 21f and the engaging protrusion 33a are spaced apart from each other in the axial direction, a state in which the engaging concave section 21f and the engaging protrusion 33a are in contact with each other to generate a resistance in the spacing motion is considered as in engagement. However, in this engagement state, when an external force for spacing motion is increased to some extent, the engagement state is released.

In addition, such an engagement state is formed even before the distal end surface 21i abuts the proximal end surface 22i.

Further, when the hinge portion 33d includes a configuration of biasing the hook portion 33 against the outer circumferential side surface 22h, in this process, the engaging protrusion 33a may securely enter the inside of the engaging concave section 21f to obtain a good engagement state.

Next, the shaft engagement fixing process is performed. This process is a process of moving the inner circumference pressing section 29A, which is a shaft fixing member, to press the hook portion 33, and forming a shaft engagement fixing state in which an engagement state with the engaging concave section 21f is maintained.

In this process, as shown in FIG. 16D, the inner circumference pressing section 29A is moved toward the hook portion 33 in the axial direction. In the present embodiment, the outer circumferential ring section 29B of the attachment/detachment ring 29 is slid toward the shaft engagement fixing position in the axial direction. Accordingly, the inner circumference pressing section 29A connected to the outer circumferential ring section 29B is moved.

Here, even when the hook portion 33 is in the engagement state to be raised from the outer circumferential side surface 21h in the previous process, as the distal end portion of the inner circumference pressing section 29A abuts the taper 33c, a force of pressing down the hook portion 33 toward the outer circumferential side surface 21h is applied. For this reason, the hook portion 33 can be pressed toward the outer circumferential side surface 21h, and the entire engaging protrusion 33a is fitted into the engaging concave section 21f.

As described above, when the inner circumference pressing section 29A rides on the outer circumferential surface 33b of the hook portion 33, the hook portion 33 is sandwiched between the outer circumferential side surfaces 21h and 22h and the position restricting surface 29a to be pressed in the radial direction from the outside. As a result, the engaging protrusion 33a is prevented from being spaced and disengaged from the engaging concave section 21f. That is, the shaft engagement state is maintained and the shaft engagement fixing state is formed.

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As described above, the shaft engagement fixing process is finished.

In addition, the fact that the hook portion 33 is pressed by the position restricting surface 29a means that position restriction in the radial direction is performed within a range in which the hook portion 33 is moved in the radial direction not to release the engagement. For this reason, there is no need to maintain constant contact between the position restricting surface 29a and the outer circumferential surface 33b.

In this way, the intermediate shaft 22b and the driving force transmission member 21b are engaged and integrated with each other via the hook portion 33. In the present embodiment, since a distance between the position restricting surface 29a and the outer circumferential side surface 21h is H_1 , the hook portion 33 can be slidably moved with respect to the position restricting surface 29a in the axial direction.

For this reason, when the driving force is transmitted from the surgical instrument driving unit 23 to the intermediate shaft 22b, as shown in FIGS. 17A and 17B, the hook portion 33 and the input side transmission shaft section 21A engaged with the hook portion 33 advance and retract in the axial direction with the intermediate shaft 22b. The position restricting surface 29a functions as a moving guide of the driving force transmission member 21b and the intermediate shaft 22b via the hook portion 33.

Since a gap between the position restricting surface 29a and the outer circumferential side surfaces 21h and 22h is a certain value of H_1 , the engaging protrusion 33a is not spaced apart from the engaging concave section 21f in the radial direction during movement. For this reason, even when a force of spacing the driving force transmission member 21b and the surgical instrument unit support 21a from each other in the axial direction is applied, a shaft engagement state between the driving force transmission member 21b and the intermediate member support 22a is maintained.

A length of the position restricting surface 29a in the axial direction is set more than a length in which an allowable moving amount of the input side transmission shaft section 21A in use of the surgical instrument unit 21 and a length of the hook portion 33 are added. For this reason, the shaft engagement fixing state can be formed in the entire moving range in which the hook portion 33 is moved.

To release the above-mentioned shaft engagement fixing state, the shaft engagement fixing release process and the shaft disengagement process may be performed in sequence.

The shaft engagement fixing release process is a process of moving the shaft fixing member to a position of the shaft engagement fixing state and forming a shaft disengagement state in which compression against the connection engaging section is released.

The shaft disengagement process is a process of spacing the first support and the second support from each other in the moving direction of the first shaft section and the second shaft section and disengaging the first shaft section and the second shaft section from each other.

Specifically, the shaft engagement fixing process and the shaft engagement process, which are described above, may be performed in reverse sequence. For this reason, description thereof will be omitted.

The attachment/detachment motion of the support attachment/detachment mechanism unit 31B will be described, with the attachment/detachment method thereof.

In this method, upon mounting, a support engaging process and a support engagement fixing process are sequen-

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tially performed. Upon dismounting, a support engagement fixing release process and a support disengagement process are sequentially performed.

In addition, in the present embodiment, these processes are performed in parallel with the above-mentioned attachment/detachment motion of the shaft attachment/detachment mechanism unit 31A.

The attachment/detachment motion of the support attachment/detachment mechanism unit 31B is the same motion as in the case in which the engaging concave section 21*f*, the hook portion 33 and the inner circumference pressing section 29A are replaced with the engaging concave section 21*s*, the hook portion 36 and the inner circumference pressing section 29E in the attachment/detachment motion of the shaft attachment/detachment mechanism unit 31A.

The support engaging process is a process of causing the intermediate member support 22*a* and the surgical instrument unit support 21*a* to approach each other in the moving direction of the intermediate shaft 22*b* and the input side transmission shaft section 21A and engaging the engaging concave section 21*s* and the engaging protrusion 36*a*.

As shown in FIG. 18A, in accordance with relative movement of the surgical instrument unit support 21*a* and the intermediate member support 22*a* by the mounting motion of the shaft attachment/detachment mechanism unit 31A, the distal end surface 21*t* of each of the step-shaped sections 21*q* and the proximal end surface 22*j* of each of the insertion sections 22*m* approach each other in a state in which the distal end surface 21*t* and the proximal end surface 22*j* face each other.

Here, the inner circumference pressing section 29E is moved with the surgical instrument unit support 21*a* in a state in which the inner circumference pressing section 29E is disposed at the proximal end side similar to the inner circumference pressing section 29A disposed at the released position. For this reason, an upper section of the engaging concave section 21*s* is opened.

As shown in FIG. 18B, when a distance between the distal end surface 21*t* and the proximal end surface 22*j* is reduced, the distal end portion of the step-shaped section 21*q* abuts the engaging protrusion 36*a* of the hook portion 36 to rotate the hook portion 36.

Further, when a distance between the distal end surface 21*t* and the proximal end surface 22*j* is reduced, the engaging protrusion 36*a* rides on the upper surface 21*r* and moves forward.

As shown in FIG. 18C, when the engaging protrusion 36*a* is disposed on the engaging concave section 21*s*, the engaging protrusion 36*a* enters the inside of the engaging concave section 21*s*. Then, the engaging protrusion 36*a* is engaged with the engaging concave section 21*s*.

As described above, the support engaging process is finished.

In addition, in this process, the same engagement state as the engagement state in the shaft engagement process is obtained. Further, when the hinge portion 36*d* is configured to bias the hook portion 36 against the outer circumferential side surface 22*k*, in this process, the engaging protrusion 36*a* preferably more securely enters the inside of the engaging concave section 21*s* to obtain a good engagement state.

Next, a support engagement fixing process is performed. This process is a process of moving the inner circumference pressing section 29E, which is a support fixing member, to press the hook portion 36, and forming a support engagement fixing state in which an engagement state with the engaging concave section 21*s* is maintained.

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In this process, as shown in FIG. 18D, the inner circumference pressing section 29E is moved toward the hook portion 36 in the axial direction. However, in the present embodiment, since the inner circumference pressing section 29E is connected to the outer circumferential ring section 29B, the shaft engagement fixing process is started and this process is also performed.

In this process, even when the engagement state of the previous process is an imperfect engagement state and the hook portion 36 is in the engagement state to be raised from the outer circumferential side surface 22*k*, as the distal end portion of the inner circumference pressing section 29E abuts the taper 36*c*, a force of pressing down the hook portion 36 toward a side of the outer circumferential side surface 22*k* is applied. For this reason, the hook portion 36 is pressed toward the outer circumferential side surface 22*k*, and the entire engaging protrusion 36*a* is fitted into the engaging concave section 21*s*.

As described above, when the inner circumference pressing section 29E rides on the outer circumferential surface 36*b* of the hook portion 36, the hook portion 36 is sandwiched between the upper surface 21*r* and the outer circumferential side surface 22*k* and the position restricting surface 29*b* to be pressed in the radial direction from the outside. As a result, the engaging protrusion 36*a* can be prevented from being spaced and disengaged from the engaging concave section 21*s*. That is, the support engagement state is maintained, and the support engagement fixing state is formed.

As described above, the support engagement fixing process is finished.

In this way, the intermediate member support 22*a* and the surgical instrument unit support 21*a* are engaged and integrated with each other via the hook portion 36.

To release the support engagement fixing state, the support engagement fixing release process and the support disengagement process may be performed in sequence.

The support engagement fixing release process is a process of moving the support fixing member from a position of the support engagement fixing state and forming a support disengagement state in which compression against the support connection engaging section is released.

The support disengagement process is a process of spacing the first support and the second support from each other in the moving direction of the first shaft section and the second shaft section and disconnecting the first support and the second support.

Specifically, the support engagement fixing process and the support engaging process, which are described above, may be performed in reverse sequence. For this reason, description thereof will be omitted.

Next, the entire attachment/detachment motion will be described focusing on an action in which the respective processes are performed in parallel.

However, in the following description, a case in which a pair of shaft attachment/detachment mechanism units 31A and a pair of support attachment/detachment mechanism units 31B are installed on the same cross-section will be described so that the entire attachment/detachment motion can be readily understood. Here, since the description of the specific configuration makes the drawings complicated, the support attachment/detachment mechanism unit 31B will be described using the drawing related to a modified example (a second modified example).

FIG. 19 is a schematic cross-sectional view showing a modified example (a second modified example) of main parts of a support attachment/detachment mechanism unit of the operation support device according to the second

embodiment of the present invention. FIGS. 20A, 20B and 20C are schematic views for describing a connecting motion of a surgical instrument unit with respect to an intermediate member of the operation support device according to the second embodiment of the present invention. FIGS. 21A, 21B and 21C are views for describing a motion continued from FIG. 20C. FIGS. 22A, 22B, 22C and 22D are schematic views for describing an engagement motion of a shaft fixing member and a second shaft engaging section of the operation support device according to the second embodiment of the present invention.

First, a configuration according to the modified example (the second modified example) of the support attachment/detachment mechanism unit 31B will be described in brief.

In the present modified example, as shown in FIG. 19, the hook portion 36 is formed at the outer circumferential section of the surgical instrument unit support 21a. In addition, an engaging concave section 22f configured to engage the engaging protrusion 36a is formed at an outer circumferential side surface 22n of the intermediate shaft 22b in the outer circumferential section of the intermediate member support 22a. In addition, the position restricting surface 29b is formed at a rear surface side of the outer circumferential ring section 29B. The position restricting surface 29b is formed at a position of a height H_2 from an outer circumferential surface 21u of the surgical instrument unit support 21a at which the hook portion 36 is installed.

The surgical instrument unit support 21a and the intermediate member support 22a abut a distal end surface 21v of the surgical instrument unit support 21a and a proximal end surface 22p of the intermediate member support 22a in the engagement state.

In the present modified example, in the support engaging process, as the surgical instrument unit support 21a and the intermediate member support 22a are relatively moved in the axial direction to cause the distal end surface 21v and the proximal end surface 22p to approach each other, the engaging protrusion 36a of the hook portion 36 rides on the intermediate member support 22a to be engaged with the engaging concave section 22f.

In the support engagement fixing process, as the outer circumferential ring section 29B is moved to the distal end side, the hook portion 36 is pressed toward a side of the outer circumferential surface 21u and sandwiched between the position restricting surface 29b and the outer circumferential surface 21u to form a support engagement fixing state.

As described above, even when the support connecting member is installed at the second support and the support engaging section is installed at the first support, similar to the first embodiment, the supports can be moved in the axial direction to move the support fixing member in the axial direction, performing engagement of the supports.

In the present embodiment and the present modified example, the support attachment/detachment mechanism unit 31B is installed at the intermediate member support 22a and the surgical instrument unit support 21a. In addition, since the attachment/detachment ring 29 used in the support attachment/detachment mechanism unit 31B is one, even when a plurality of support attachment/detachment mechanism units 31B having the same configuration are provided, the motions of the support attachment/detachment mechanism units 31B are the same.

On the other hand, when the plurality of shaft attachment/detachment mechanism units 31A are provided, stopping places in the axial direction of the driving force transmission shafts 23b in accordance with a stopping situation of the surgical instrument driving unit 23 upon attachment/detach-

ment may differ. For example, as shown in FIG. 20A, two systems of shaft attachment/detachment mechanism units 31A_X and 31A_Y are considered. Hereinafter, in order to separately describe motions of the two systems of shaft attachment/detachment mechanism units 31A_X and 31A_Y, subscripts X and Y are added to reference numerals of the respective members.

For example, an intermediate shaft 22b_X belonging to the shaft attachment/detachment mechanism unit 31A_X may protrude toward and stop at the proximal end side rather than an intermediate shaft 22b_Y belonging to the shaft attachment/detachment mechanism unit 31A_Y.

In this case, according to the conventional art, since engagement positions in the axial direction of the intermediate shafts 22b_X and 22b_Y are different, an operation of coinciding protrusion amounts of the intermediate shafts 22b_X and 22b_Y (initialization of positioning for attachment/detachment) is needed. When the positioning initialization is not performed, an operation of aligning and engaging the positions of the input side transmission shaft sections 21A_X and 21A_Y to/with the protrusion positions of the intermediate shafts 22b_X and 22b_Y is needed. In any case, the attachment/detachment operation is complicated.

In the present embodiment, since the attachment/detachment motion is performed as will be described below, the attachment/detachment can be easily performed even in this case.

In addition, in connection of the surgical instrument unit 21 and the intermediate member 22, any one may be moved. Hereinafter, a case in which the intermediate member 22 is fixed and the surgical instrument unit 21 is inserted will be described.

When the surgical instrument unit 21 is inserted into the surgical instrument unit insertion hole 22d and approaches the intermediate member 22 in the axial direction, as shown in FIG. 20B, a hook portion 33_X abuts a distal end of the input side transmission shaft section 21A_X (corresponding to a state of FIG. 16B). Here, a hook portion 33_Y is spaced apart from the input side transmission shaft section 21A_Y (corresponding to a state of FIG. 16A).

Here, as shown in FIG. 14 (not shown in FIG. 20A), engaging protrusion 29c_X and 29c_Y of rod-shaped portions 29C_X and 29C_Y are engaged with engaging concave sections 21j_X and 21j_Y of connecting sections 21B_X and 21B_Y.

When the surgical instrument unit 21 is further inserted into the surgical instrument unit insertion hole 22d, as shown in FIG. 20C, an engaging protrusion 33a_X is engaged with an engaging concave section 21f_X (corresponding to a state of FIG. 16C). In addition, the hook portion 33_Y abuts the distal end of the input side transmission shaft section 21A_Y (corresponding to a state of FIG. 16B).

Here, the hook portion 36 does not abut the intermediate member support 22a. For this reason, the support engagement state is still not formed. For this reason, the surgical instrument unit support 21a and the intermediate member support 22a can further approach each other. However, the input side transmission shaft section 21A_X abuts the intermediate shaft 22b_X in the axial direction. For this reason, while not specifically shown, engagement between the connecting section 21B_X and the engaging protrusion 29c_X is deviated, and movement of the connecting section 21B_X and the input side transmission shaft section 21A_X is stopped.

Meanwhile, since engagement of the connecting section 21B_Y and the engaging protrusion 29c_Y is not deviated, the connecting section 21B_Y and the input side transmission shaft section 21A_Y further move toward the distal end side, and as shown in FIG. 21A, the engaging protrusion 33a_Y is

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engaged with the engaging concave section **21f_y** (corresponding to a state of FIG. 16C).

When the surgical instrument unit **21** is further inserted into the surgical instrument unit insertion hole **22d**, as shown in FIG. 21B, the input side transmission shaft section **21A_y** also abuts the intermediate shaft **22b_y**. For this reason, while not specifically shown, engagement of the connecting section **21B_y** and the engaging protrusion **29c_y** is deviated, and movement of the connecting section **21B_y** and the input side transmission shaft section **21A_y** is stopped.

In this way, until the surgical instrument unit support **21a** is brought in contact with the intermediate member support **22a** not to move, the surgical instrument unit **21** is inserted into the surgical instrument unit insertion hole **22d**. Here, after the hook portion **36** abuts the end portion of the intermediate member support **22a** (see FIG. 21A) and rides thereon, as shown in FIG. 21B, each of the engaging protrusions **36a** is engaged with each of the engaging concave sections **22f**.

As described above, the shaft engagement process and the support engaging process are finished.

Next, the attachment/detachment ring **29** is slid to a shaft engagement fixing position of the distal end side of the surgical instrument unit support **21a** in the axial direction, and as shown in FIG. 21C, the shaft engagement fixing process and the support engagement fixing process are performed in parallel.

In the present embodiment, the attachment/detachment ring **29** is installed at the outer circumferential section of the surgical instrument unit support **21a**. For this reason, an operator may slide the attachment/detachment ring **29** in the same direction as the moving direction of the surgical instrument unit **21** while holding the surgical instrument unit **21** in his or her hands. For this reason, the motion can be extremely easily and rapidly performed.

In addition, manipulation of the attachment/detachment ring **29** can be continuously performed from the inserting motion of the surgical instrument unit **21** into the intermediate member **22**. For this reason, the mounting motion can be performed by motion in one step. For example, from the beginning, when the surgical instrument unit **21** is inserted with holding the attachment/detachment ring **29**, the surgical instrument unit **21** is brought in contact with the intermediate member **22** in the axial direction, and automatically, only the attachment/detachment ring **29** is moved in the axial direction. For this reason, there is no need for motion in two steps in which another hand is added to exchange the surgical instrument unit **21** or move the attachment/detachment ring **29**.

As described above, the second connecting process is finished.

In addition, if the above-mentioned motion is reversely performed, the shaft engagement fixing release process, the support fixing release process, the shaft disengagement process, and the support disengagement process can be performed.

While the motion will be easily understood from the description, only the motion of the shaft attachment/detachment mechanism unit **31A** will be simply described.

In order to perform the shaft engagement fixing release from the shaft engagement fixing state shown in FIG. 22A, the attachment/detachment ring **29** is slid to the proximal end side while holding the outer circumferential ring section **29B** (see FIG. 22B).

Here, when the inner circumference pressing section **29A** is moved to the proximal end side rather than the hook portion **33**, compression against the hook portion **33** is

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removed. For this reason, the hook portion **33** can be pivoted, and the shaft engagement fixing state is released.

Further, when the attachment/detachment ring **29** is moved to the proximal end side, as shown in FIG. 22B, the engaging protrusion **29c** abuts the step-shaped protrusion section **21m**. Then, the rod-shaped portion **29C** is bent, and the engaging protrusion **29c** rides on the step-shaped protrusion section **21m**. Here, the connecting section **21B** is pressed to the proximal end side. However, because the engagement state of the hook portion **33** and the engaging concave section **21f** is not released, the connecting section **21B** and the input side transmission shaft section **21A** do not move.

When the engaging protrusion **29c** is disposed on the engaging concave section **21j**, the engaging protrusion **29c** is engaged with the engaging concave section **21j**. Here, the engaging protrusion **29c** is securely fitted into the engaging concave section **21f** to be biased inside in the radial direction by an elastic recovering force of the rod-shaped portion **29C**.

For this reason, the attachment/detachment ring **29** and the connecting section **21B** are integrated, and manipulation for moving the attachment/detachment ring **29** to the proximal end side is securely transmitted to the connecting section **21B**. For this reason, the connecting section **21B** and the input side transmission shaft section **21A** begin to move to the proximal end side.

Here, as shown in FIG. 22D, since the hook portion **33** is in a turnable state, the input side transmission shaft section **21A** begins to move to turn clockwise as shown, and engagement with the engaging concave section **21f** is released. Accordingly, the input side transmission shaft section **21A** is separated from the intermediate shaft **22b**, and the distal end surface **21i** and the proximal end surface **22i** are spaced apart from each other.

In this way, the shaft engagement state is released, and the shaft disengagement process is finished.

When the attachment/detachment ring **29** is moved to the released position, the attachment/detachment ring **29** is moved with the surgical instrument unit support **21a**. For this reason, when the attachment/detachment ring **29** is held and moved to the proximal end side, the surgical instrument unit **21** is also automatically moved to the proximal end side to be extracted from the intermediate member **22**.

As described above, the dismounting is finished.

In this way, in the dismounting motion according to the present embodiment, an external force for moving the connecting section **21B** to the proximal end side is hardly transmitted to the intermediate shaft **22b**. For this reason, the shaft engagement state can be released with almost no resistance.

As described above, in the operation support device **120** according to the present embodiment, the first support and the second support can move in the moving direction of the first shaft section and the second shaft section to perform engagement or disengagement of the first shaft section and the second shaft section. In addition, as the shaft fixing member is moved, the attachment/detachment can be performed by a simple manipulation in which the shaft engagement fixing state and the shaft disengagement state are selectively formed. For this reason, the attachment/detachment of the surgical instrument unit with respect to the surgical instrument driving unit can be easily and rapidly performed.

Further, connection in the second connecting process and exchange of the surgical instrument unit **21** after the connection can be easily and rapidly performed.

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In addition, in the present embodiment, the attachment/detachment motion can be performed by only movement in the axial direction. For this reason, upon mounting, the surgical instrument unit 21 is inserted into the intermediate member 22 to complete the attachment/detachment. That is, the mounting can be performed by one touch.

Further, upon attachment/detachment, even though protrusion positions of the intermediate shafts 22b are different, when the attachment/detachment motion is performed, in accordance with a position of each of the intermediate shafts 22b, since a position of each of the input side transmission shaft sections 21A follows that of the intermediate shaft 22b, the attachment/detachment can be performed regardless of the position of the intermediate shaft 22b.

In addition, even upon mounting or upon dismounting (upon separation), the attachment/detachment ring 29 may be manipulated in the same direction as the attachment/detachment direction with holding the outer circumferential surface of the surgical instrument unit 21 including the attachment/detachment ring 29. For this reason, the attachment/detachment manipulation can be intuitively performed, and the attachment/detachment manipulation can be easily performed.

For this reason, in particular, when the surgical instrument unit 21 is emergently separated, sure attachment/detachment can be performed.

In addition, in the present embodiment, the surgical instrument driving unit 23 is spaced apart from the surgical instrument unit 21 via the intermediate member 22 and the drape 7. For this reason, an assembly task of the surgical instrument unit 21 and the intermediate member 22 can be performed only in the clean area A_C. For this reason, exchange of the surgical instrument unit 21 during the operation can be rapidly and easily performed.

Further, in the present embodiment, the surgical instrument unit 21 is inserted into and connected to the intermediate member 22. For this reason, for example, the surgical instrument unit 21 can be attached and detached toward the connecting body of the intermediate member 22 and the surgical instrument driving unit 23, disposed over the patient and supported by an arm, or the like, from an upper side. For this reason, the attachment/detachment task can be efficiently performed.

Third Modified Example

Next, a third modified example of the present embodiment will be described.

FIG. 23 is a schematic cross-sectional view showing a configuration of an operation support device according to a present modified example (a third modified example) of the second embodiment of the present invention in the axial direction.

As shown in FIG. 23, an operation support device 130 of the present modified example includes intermediate members 42 and 43, instead of the intermediate member 22 of the operation support device 120 according to the second embodiment. Hereinafter, the present modified example will be described focusing on differences from the second embodiment.

The intermediate member 42 includes a connecting section 42A and a tubular section 42B.

The connecting section 42A moves a connecting section of the connecting section 22A and the drape rings 6C and 6D of the intermediate member 22 according to the second embodiment to the vicinity of the connection end portion C₂₁ of the proximal end side of the connecting section 22A.

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The tubular section 42B is configured to reduce a length of the tubular section 22B of the intermediate member 22. A fitting section 42a to the intermediate member 43 is formed at the end portion of the distal end side of the tubular section 42B.

The intermediate member 43 includes a fitting section 43a formed at the proximal end side and fitted to the fitting section 42a of the intermediate member 42. The intermediate member 43 is a tubular member configuring a tubular assembly having substantially the same shape as the intermediate member 22 by fitting to the intermediate member 42. However, an annular protrusion section 43b protruding outward in the radial direction is formed at the distal end side of the intermediate member 43. Accordingly, when the tubular assembly is constituted by the intermediate member 43 and the intermediate member 42, the drape ring 6B can be locked from the distal end side.

The fitting sections 42a and 43a are detachably fitted to each other. When there is no obstacle to movement of the through-hole portion 23d and the surgical instrument unit 21 of the shaft rotating member 23A with respect to the tubular section 21d in the axial direction, an appropriate configuration can be used as the fitting sections 42a and 43a. In FIG. 23, as an example, the fitting section 43a is constituted by a cylindrical protrusion section extending from the inner circumferential portion in the axial direction, and the fitting section 42a is constituted by a hole section fitted onto the protrusion section of the fitting section 43a at the inner circumference side.

According to the operation support device 130, the intermediate members 42 and 43 are configured to divide a shape of the intermediate member 22 according to the second embodiment into two parts in the axial direction. For this reason, a shape of the intermediate members 42 and 43 upon assembly is substantially the same as that of the intermediate member 22. Accordingly, the present modified example has the same effects as the second embodiment.

In particular, in the present modified example, when the intermediate members 42 and 43 are assembled to the shaft rotating member 23A, as shown by an arrow of FIG. 23, the intermediate member 42 is inserted from the proximal end side of the shaft rotating member 23A, and the intermediate member 43 is inserted from the distal end side of the shaft rotating member 23A. For this reason, assembly of the intermediate members 42 and 43 can be performed in the shaft rotating member 23A, and assembly with respect to the shaft rotating member 23A can be performed.

In addition, in the present modified example, a connecting position of the drape rings 6C and 6D is moved to the proximal end side in comparison with the second embodiment. For this reason, as shown in FIG. 23, the first surface section S₁' extends to the proximal end side rather than the first surface section S₁. However, the present modified example has the same effect as the second embodiment in that the unclean area A_U and the clean area A_C are partitioned by the drape assembly 8.

In the present modified example, the drape ring enables connection of the intermediate member at an appropriate position.

In addition, the present modified example is an example of a case in which the intermediate member is divided into two parts. However, the intermediate member may be divided into three or more parts.

Third Embodiment

Next, a third embodiment of the present invention will be described.

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FIG. 24 is a schematic cross-sectional view showing a configuration of main parts of an operation support device according to the third embodiment of the present invention in an axial direction. FIG. 25A is a schematic exploded view showing a relation between a coated housing and a drape of the operation support device according to the third embodiment of the present invention.

As shown in FIG. 24, an operation support device 140 according to the present embodiment includes a surgical instrument driving unit 53 instead of the surgical instrument driving unit 23 of the operation support device 120 according to the second embodiment, and includes a drape assembly 58 (a shielding member) constituted by a sterilizable drive unit cover 56 and a drape 7 having a drape hole 7e, instead of the drape assembly 8. Hereinafter, the third embodiment will be described focusing on differences from the second embodiment.

The surgical instrument driving unit 53 is configured with a support plate 53a configured to support the housing 23C at a position joined with the linear driving moving section 101c in the surgical instrument driving unit 23 according to the second embodiment added thereto.

A drape attachment section 53b formed of a plate-shaped section extending outward from the entire circumference of the housing 23C rather than the housing 23C is formed at the support plate 53a.

In addition, while not specifically shown, an appropriate number of engaging sections, for example, snap fit, or the like, for fixing the drape hole 7e are formed at the drape attachment section 53b.

The drape assembly 58 includes the sterilizable drive unit cover 56 (a shielding member, a coated housing), instead of the drape rings 6A, 6B, 6C and 6D according to the second embodiment.

The drive unit cover 56 has an opening 56c formed at a position opposite to the drape attachment section 53b of the support plate 53a. The drive unit cover 56 is a box-shaped member surrounding the surgical instrument driving unit 53.

An opening end surface 56b in contact with the entire circumference of the drape attachment section 53b and the opening 56c is formed at the opening 56c of the drive unit cover 56.

In addition, while not specifically shown, an engaging section such as a snap fit, or the like engaged with the engaging section of the drape attachment section 53b is formed in the vicinity of the opening 56c.

Further, hole portions 57C and 57D that can pass through both end portions of the connecting section 22A and the tubular section 22B of the intermediate member 22 when the intermediate member 22 is connected to the surgical instrument driving unit 53 of the support plate 53a is formed at the side surface portion opposite to the drive unit cover 56.

A circular hole or the like that does not cause difficulty in rotation of the intermediate member 22 can be used as the hole portions 57C and 57D. In the present embodiment, as an example, the hole portions 57C and 57D may be formed to have a size of an inner diameter about 1 mm larger than the outer diameter of the tubular section 22B. Accordingly, the hole portions 57C and 57D are formed not to contact the tubular section 22B. However, a gap between the hole portions 57C and 57D and the tubular section 22B may be a small gap such that a finger or the like is not inserted.

In the present embodiment, a drape hole 7e having a size that can be joined with the opening end surface 56b of the drive unit cover 56 is formed in the drape 7.

Then, as shown in FIG. 25A, the drape assembly 58 is formed by joining an edge of the surface 7b of the drape hole

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7e with the opening end surface 56b. As a joining method, for example, adhesion, fusion, or the like may be used.

In addition, the sterilization treatment is performed on the drape 7 and the drive unit cover 56.

Further, the drape assembly 58 may be formed by joining an end portion of the drape hole 7e with a frame member such as the drape ring according to the first and second embodiments and engaging the frame member, with which the drape 7 is joined, with the opening end surface 56b of the drive unit cover 56. As an engagement method, for example, a snap fit, a magnet, or the like may be used.

The operation support device 140 having the above-mentioned configuration may be assembled in substantially the same manner as in the second embodiment.

A driving force supply unit installation process, a shielding member disposition process, a first connecting process, and a second connecting process are sequentially performed. Hereinafter, the third embodiment will be described focusing on differences from the second embodiment.

The present embodiment is similar to the second embodiment, except for the blocking member disposition process.

As shown in FIG. 25A, in the shielding member disposition process according to the present embodiment, the drape assembly 58 is covered on the surgical instrument driving unit 53. Then, in the drape attachment section 53b, the drape assembly 58 is engaged with the surgical instrument driving unit 53. Accordingly, the hole portions 57C and 57D are disposed at a position coaxial with the central axis O_{23} of the shaft rotating member 23A.

Accordingly, the surgical instrument driving unit 53 is surrounded by the drive unit cover 56, and the surgical instrument unit support section 101 is covered by the surface 7a of the drape 7.

Next, in the first connecting process according to the present embodiment, the intermediate member 22 is inserted into the hole portions 57C and 57D to be connected to the surgical instrument driving unit 53, similar to the second embodiment.

In addition, the second connecting process according to the present embodiment is the same process as in the second embodiment.

According to the present embodiment, the hole portions 57C and 57D are formed in the drive unit cover 56. For this reason, alignment of the shielding member disposition process can be easily performed, and close inserting of the intermediate member 22 can be easily performed.

In addition, the surgical instrument driving unit 53 is not covered by the drape 7, and the intermediate member 22 or surgical instrument unit 1 does not pass through the drape 7. For this reason, even when the intermediate member 22 or the surgical instrument unit 21 is rotated about the central axis O_{23} , the drape 7 is not rotated with the intermediate member 22 or the surgical instrument unit 21.

Fourth Modified Example

Next, a modified example (a fourth modified example) of the present embodiment will be described.

FIG. 25B is a schematic exploded view showing a relation between a coated housing and a drape used in an operation support device according to the present modified example (the fourth modified example) of the third embodiment of the present invention.

The present modified example is a modified example of the shielding member. In the present modified example, as shown in FIG. 25B, the drape hole 7e of the drape 7 according to the third embodiment is previously joined with

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the drape attachment section **53b** of the support plate **53a**, and further, only the drive unit cover **56** can be assembled to cover the surgical instrument driving unit **53**.

Fourth Embodiment

Next, an operation support device of a fourth embodiment of the present invention will be described.

FIG. **26** is a schematic partial cross-sectional view showing a configuration of the operation support device according to the fourth embodiment of the present invention.

As shown in FIG. **26**, an operation support device **150** according to the present embodiment includes a surgical instrument driving unit **63** (a driving force supply unit) and a surgical instrument unit **61**, instead of the surgical instrument driving unit **23** and the surgical instrument unit **21** of the operation support device **120** according to the second embodiment, respectively.

In addition, the sterilization treatment is performed on the intermediate member **22** and the surgical instrument unit **61**, and the sterilization treatment is not performed on the surgical instrument driving unit **63**.

Hereinafter, the fourth embodiment will be described focusing on differences from the second embodiment.

The surgical instrument driving unit **63** has a configuration in which the linear driving force supply unit of the surgical instrument driving unit **23** according to the second embodiment is integrated as one system. The surgical instrument driving unit **63** is attached to the linear driving moving section **101c** of the surgical instrument unit support section **101**.

The surgical instrument driving unit **63** includes a support housing **63B** having a through-hole formed at the linear driving moving section **101c** and passing through opposite side surface portions in a direction parallel to the linear driving section **101c**, and a shaft rotating member **63A** rotatably fixed to the through-hole of the support housing **63B** via bearings **35a** and **35b**.

The shaft rotating member **63A** has flange portions formed at both end portions and fitted to inner rings of the bearings **35a** and **35b**. A through-hole portion **23d** is formed in a tubular section sandwiched between the flange portions.

A motor **4** is fixed to the inside of the support housing **63B**. The motor **4** is configured to rotate the shaft rotating member **63A** via the transmission mechanism **5**.

In addition, one motor unit **25** and one linear driving conversion unit **24** fixed to an outer circumference of a tubular body section of the shaft rotating member **63A** via a fixing member (not shown) are installed in the support housing **63B**.

Further, a driving force transmission shaft **23b** connected to the linear driving conversion unit **24** is linearly disposed at the flange portions of the proximal end side of the shaft rotating member **63A**.

The driving force transmission shaft **23b** is detachably connected to the intermediate shaft **22b** of the intermediate member **22**, similar to the second embodiment.

The surgical instrument unit **61** includes a surgical instrument unit support **21a** and a tubular section **21d**, similar to the surgical instrument unit **21** according to the second embodiment. A forceps **61c** (a surgical instrument) opened and closed by a link mechanism is installed at the distal end portion of the tubular section **21d**.

A driving force transmission member **21b** having the same configuration as in the second embodiment is installed in the surgical instrument unit support **21a** and the tubular

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section **21d**. The link mechanism of the forceps **61c** is connected to the distal end of the driving force transmission member **21b**.

According to the above-mentioned configuration, the operation support device **150** has the same action as in the operation support device **120** according to the second embodiment, except that the surgical instrument unit **61** is driven by the linear driving force of one system.

That is, as the same processes as in the second embodiment are performed and the drape assembly **8** and the intermediate member **22** are assembled with respect to the surgical instrument driving unit **63**, the surgical instrument driving unit **63** and the surgical instrument unit support section **101** can be shielded and disposed in the unclean area A_C .

Further, as the same second connecting process as in the second embodiment is performed, in the clean area A_C , the sterilized surgical instrument unit **61** can be connected to the sterilized intermediate member **22**.

In addition, as the shaft engagement process and the shaft engagement fixing release process according to the second embodiment are performed, the surgical instrument unit **61** can be attached and detached in the clean area A_C .

Accordingly, in the present embodiment, similar to the second embodiment, the assembly task of the surgical instrument unit **61** and the intermediate member **22** can be performed only in the clean area A_C . For this reason, exchange of the surgical instrument unit **61** during the operation can be rapidly and easily performed.

In addition, in the present embodiment, the surgical instrument unit **61** is inserted into and connected to the intermediate member **22**. For this reason, for example, the surgical instrument unit **61** can be attached and detached toward the connecting body of the intermediate member **22** and the surgical instrument driving unit **23**, disposed over the patient and supported by an arm, or the like, from an upper side. For this reason, the attachment/detachment task can be efficiently performed.

Fifth Embodiment

Next, an operation support device according to a fifth embodiment of the present invention will be described.

FIG. **27** is a schematic partial cross-sectional view showing a configuration of the operation support device according to the fifth embodiment of the present invention.

As shown in FIG. **27**, an operation support device **160** according to the present embodiment includes a surgical instrument driving unit **73** and an intermediate member **72**, instead of the surgical instrument driving unit **63** and the intermediate member **22** according to the fourth embodiment, respectively.

Hereinafter, the fifth embodiment will be described focusing on differences from the fourth embodiment.

The surgical instrument driving unit **73** includes a shaft rotating member **73A**, instead of the shaft rotating member **63A** of the surgical instrument driving unit **63** according to the fourth embodiment. Further, the surgical instrument driving unit **73** includes a sheath **73C** (a sterilized sheath).

The shaft rotating member **73A** includes an engaging hole **73d** which the sheath **73C** (to be described later) passes through and is engaged with, instead of the through-hole portion **23d** according to the fourth embodiment. In the present embodiment, as an example, the engaging hole **73d** has a shape in which a step-shaped section is formed at the proximal end side of the shaft rotating member **73A** directed upward in a vertical direction, and a cylindrical surface

having a diameter smaller than an outer diameter of the step-shaped section passes from the step-shaped section to the distal end.

The sheath 73C is a tubular member formed of a sterilizable material. In an outer circumferential section of the sheath 73C, a protrusion section engaged with the step-shaped section of the shaft rotating member 73A at least in the axial direction is formed at one end portion thereof. A cylindrical surface detachably fitted into the engaging hole 73d is formed from the protrusion section toward the other end side.

Accordingly, the sheath 73C is fitted in a state in which, when the sheath 73C is inserted into the engaging hole 73d of the shaft rotating member 73A from above, the protrusion section is fitted into the step-shaped section of the engaging hole 73d not to drop downward.

In addition, a through-hole 73e (a through-hole portion) constituted by a cylindrical surface having the same inner diameter as that of the through-hole portion 23d according to the fourth embodiment and formed to pass therethrough in the axial direction is formed at a center portion of the sheath 73C.

A length of the sheath 73C is substantially the same as that of the engaging hole 73d. Accordingly, in a state in which the sheath 73C on which the sterilization treatment has been performed is engaged with the engaging hole 73d, the sheath 73C passes through the shaft rotating member 73A in the axial direction and the engaging hole 73d is substantially covered from the inner circumference side.

In the above-mentioned assembly state, the engaging hole 73d is constituted by a through-hole portion through which the surgical instrument unit 61 passes and in which the sterilization treatment is performed.

The intermediate member 72 is distinguished from the fourth embodiment in that a tubular section 72B extending to a length in the axial direction substantially equal to a length of the surgical instrument unit 61 is provided, instead of the tubular section 22B of the intermediate member 22 according to the fourth embodiment.

For this reason, as shown in FIG. 27, when the surgical instrument unit 61 is inserted into a surgical instrument unit insertion hole 72d constituting an inner circumferential surface of the tubular section 72B, the tubular section 21d of the surgical instrument unit 61 is covered by the surgical instrument unit insertion hole 72d to substantially the distal end portion.

The operation support device 160 having the above-mentioned configuration is assembled in the same manner as in the fourth embodiment, except that, when the intermediate member 72 and the drape assembly 8 are connected to the surgical instrument driving unit 73, the sheath 73C is previously engaged with the engaging hole 73d. In addition, after assembly of the operation support device 160, in the clean area A_C, the surgical instrument unit 61 can be attached and detached in the same manner.

Accordingly, in the present embodiment, similar to the fourth embodiment, an assembly task of the surgical instrument unit 61 and the intermediate member 72 can be performed only in the clean area A_C. For this reason, exchange of the surgical instrument unit 61 during the operation can be rapidly and easily performed.

In addition, even in the present embodiment, the surgical instrument unit 61 is inserted into and connected to the intermediate member 72. For this reason, for example, the surgical instrument unit 61 can be attached and detached toward the connecting body of the intermediate member 72 and the surgical instrument driving unit 73, disposed over

the patient and supported by an arm, or the like, from an upper side. For this reason, the attachment/detachment task can be efficiently performed.

In particular, in the present embodiment, in a state in which the surgical instrument unit 61 and the intermediate member 72 are separated from each other, in the clean area A_C, the sheath 73C after use can be separated from the shaft rotating member 73A, and replaced with a clean sheath 73C on which the sterilization treatment has been performed. In addition, the separated sheath 73C may be reused after the sterilization treatment, or may be used as a disposable sheath.

In addition, in the present embodiment, in an assembly state of the operation support device 160, the tubular section 21d of the surgical instrument unit 61 is received in the clean area in the intermediate member 72. For this reason, in comparison with the case in which the tubular section 21d is exposed from the intermediate member 22 as described in the fourth embodiment, cleanliness in use can be easily maintained.

Further, in the present embodiment, the clean sheath 73C on which the sterilization treatment has been performed is engaged with the unclean shaft rotating member 73A. For this reason, in the tubular section 72B of the intermediate member 72 inserted into the sheath 73C, cleanliness of a portion protruding from the sheath 73C is also maintained.

In the first to fourth embodiments, the outer circumferential surface of the tubular section of the intermediate member inserted into the shaft rotating member is brought in contact with the unclean shaft rotating member and contaminated. However, in the present embodiment, an outer circumferential surface 72a of the tubular section 72B of the intermediate member 72 is configured to contact the clean sheath 73C upon attachment/detachment. For this reason, in the tubular section 72B of the intermediate member 72, a portion protruding from the drape rings 6A and 6B is also clean.

For example, when an operation in the body of the patient P such as an operation by an endoscope is performed, as shown in FIG. 27, a trocar 80 is installed at an initial incision area formed at a body surface of the patient P, and various treatment tools and surgical instruments are inserted.

In the present embodiment, a portion protruding from the drape rings 6A and 6B in the tubular section 72B of the intermediate member 72 is also clean. For this reason, the tubular section 72B of the intermediate member 72 is also collected and inserted into the body of the patient P through the trocar 80.

When the forceps 61c, which is the surgical instrument of the surgical instrument unit 61, is inserted into the body in this state, the forceps 61c can be inserted into the body through the inside of the tubular section 72B of the intermediate member 72 with no contact with the external air. In addition, even when the surgical instrument is exchanged with a new one, the surgical instrument can be exchanged through the clean area in the tubular section 72B with no contact with the external air.

Accordingly, since the surgical instrument unit 61 is always exchanged in the clean area, safety against contamination is increased.

In addition, in the description of the respective embodiments and modified examples, the example of the case in which the surgical instrument unit support section 101 has the multi-joint arm 101b and the linear driving moving section 101c has been described. However, the same movement as described above may be manually performed.

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Hereinabove, while preferred embodiments of the present invention have been described, the present invention is not limited to the embodiments. Additions, omissions, substitutions, and other modifications can be made to the present invention without departing from the spirit and scope of the present invention. The present invention is not limited to the above-mentioned description, and is only limited by the appended claims.

What is claimed is:

1. An operation support device having a surgical instrument unit and a surgical instrument unit support section configured to detachably support the surgical instrument unit, the operation support device comprising:

- a sterilizable intermediate member rotatably connected to the surgical instrument support section and configured to detachably hold the surgical instrument unit;
- a sterilizable drape having at least one hole portion, the hole portion being engaged with the intermediate member; and

a driving force supply unit installed at the surgical instrument support section and configured to supply a driving force to the surgical instrument unit via the intermediate member,

wherein a first space and a second space are formed by an assembly constituted by the drape and the intermediate member engaged with the hole portion of the drape as a boundary,

the intermediate member is detachably connected to the surgical instrument support section at a side of the first space,

the intermediate member detachably holds the surgical instrument unit at a side of the second space, and the driving force supply unit and the surgical instrument support section are disposed in the first space.

2. The operation support device according to claim 1, wherein, as at least the intermediate member is rotated, a rotary driving force is supplied to the surgical instrument unit.

3. The operation support device according to claim 1, wherein at least a pair of hole portions are provided, and the intermediate member has a through-hole portion, into which the surgical instrument unit is inserted, provided to pass through the pair of hole portions and constituting a part of the second space.

4. The operation support device according to claim 3, wherein the through-hole portion has a detachable sterilized sheath.

5. The operation support device according to claim 1, wherein the driving force supply unit has at least a linear driving force supply unit configured to advance and retract a drive shaft section in a certain direction to supply a linear driving force,

the intermediate member has at least a linear driving transmission shaft section movably installed in the same direction as the drive shaft section, and the surgical instrument unit is driven by the linear driving force received from the linear driving transmission shaft section.

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6. The operation support device according to claim 1, wherein the intermediate member and the surgical instrument unit are detachably installed to advance and retract with respect to the hole portion in a certain axial direction.

7. The operation support device according to claim 6, wherein the intermediate member and the driving force supply unit are detachably installed in the axial direction.

8. The operation support device according to claim 1, wherein the drape is provided with a frame member joined with the drape, and

the hole portion on which the intermediate member is mounted is formed at an inner circumferential portion of the frame member.

9. The operation support device according to claim 8, wherein the frame member joined with the drape is detachably installed with respect to the driving force transmission section.

10. The operation support device according to claim 1, wherein

the drape is provided with a coated housing joined with the drape, and

the hole portion through which the intermediate member is capable of passing is formed at the coated housing.

11. The operation support device according to claim 10, wherein the coated housing joined with the drape is detachably installed with respect to the driving force transmission section.

12. An assembly method of an operation support device having a surgical instrument unit and a surgical instrument unit support section configured to detachably support the surgical instrument unit, wherein the operation support device comprises:

a sterilizable intermediate member rotatably connected to the surgical instrument support section and configured to detachably hold the surgical instrument unit;

a sterilizable shielding member having at least one hole portion engaged with the intermediate member; and

a driving force supply unit installed at the surgical instrument support section and configured to supply a driving force to the surgical instrument unit via the intermediate member,

the assembly method comprising:

a shielding member disposition process of disposing the shielding member to cover the driving force supply unit and the surgical instrument support section;

a first connecting process of engaging the hole portion of the shielding member with the intermediate member to form an assembly, positioning the driving force supply unit and the surgical instrument support section in a first space using the assembly as a boundary, and detachably connecting the intermediate member and the surgical instrument support section in a side of the first space; and

a second connecting process of detachably holding the intermediate member and the surgical instrument unit in a side of a second space opposite to the first space using the assembly as a boundary.

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